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ORIGINAL PAPERS

THE RÔLE OF ANXIETY IN DEPERSONALIZATION [1]

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Depersonalization still remains a challenging problem in the field of psychic phenomena, and the earlier literature, to which every new writer on the subject dutifully refers, is inconclusive and contradictory. Recent contributions to the topic based upon clinical cases lean to elaborate descriptions of symptoms and analysis of ego development—especially the pathology of the body ego. Two recent, strictly analytic contributions on the subject are concerned with patients who were schizophrenic to the extent of having been at times distinctly psychotic.

Descriptions of depersonalization in terms of genital level characteristics, or as a narcissistic regression phenomenon, or its occurrence in schizophrenic or hypochondriacal depressions where paranoid projections or hallucinatory wish-fulfilments have made their appearance, seem to contribute little to the dynamics of the function of depersonalization. Inasmuch as depersonalization, and to a minor degree derealization, is the ultimate representation of withdrawal of the sense of reality, it seems to me that greater light on the genesis of the symptom can be gained through the analysis of lesser manifestations of the same general tendency, such as the analysis of *déja vu*, *déja dit*, co-conscious mentation, feeling of unreality, or of depersonalization in patients whose personality integration and adaptation to reality is only slightly disturbed. This I have pointed out in a previous paper.[2]

In 1937 Freud analysed a personal experience of *déja vu* in which he regards estrangement and depersonalization as defence mechanisms tending to hide something from the ego. Although Freud classifies these feelings as defence mechanisms, at the same time he calls them parapraxic symptoms with a structure pathologic as dreams.[3] Of course, it is perfectly possible for a symptom to be a defence mechanism, but the cases reported in analytic literature say little of the tendencies against which the symptom of depersonalization protects the individual.

The depth of the depersonalizing defence may vary from transient feelings of unreality to a life-long perpetuation of the lack of feeling, as has occurred in the first case of depersonalization with which I worked extensively as far back as 1918. At the time I was inclined to regard the condition as akin to the cases of multiple personality which Morton Prince had described.[4] Subsequently I advanced the idea that this type of personality difficulty could best be explained by a longitudinal (vertical) fragmentation in Freud's categories of the mind, particularly in the super-ego formation, and such an incongruity or fissure would necessarily also affect ego integration.

My case, mentioned above, did not respond to brief analytic treatment or to a less scientific approach (Christian Science), which an officious sister-in-law forced upon the patient. The patient, during the years which followed, has

[1] Paper read at the 16th International Psycho-Analytical Congress, Zürich, August, 1949.

[2] Oberndorf, C. P.: 'Co-conscious Mentation'. *Psychoanalytic Quarterly*, **10**, January, 1941.

[3] Feigenbaum, Dorian: 'Depersonalization as a Defence Mechanism'. *Psychoanalytic Quarterly*, **6**, 1937.

[4] Prince, Morton: 'My Life as a Dissociated Personality by B.C.A.' *Journal of Abnormal Psychology*, October-November, 1908.

experienced an almost complete absence of feeling. When I last saw her (about four years ago) she said that she had now become so dead that she did not even know she was dead, thereby indicating, of course, that she must still have a criterion of deadness. Although I have not seen the patient recently because she lives some distance away, her cousin, a well-known psychiatrist, who sees her every summer, reports that she is now a woman of sixty-five whose emotional responses are at times infantile. She pouts, is sulky and childish whenever she is crossed. She still says that she feels nothing but is capable of expressing resentment when she is hurt or slighted. While there are no external manifestations of anxiety, the doctor reports that at times a pleading, rather anxious, look appears in her eyes seeming to say, ' Please tell me something pleasant '. She is in no way incapacitated in her mental alertness, attempts to be useful through work with the Red Cross and hospitals, and shows no evidence of mental deterioration such as is likely in schizophrenia after more than forty years of the disorder.

In a previous paper [5] I set forth the theory that *déja vu* and allied phenomena are primarily disturbances in reality perception and serve to reassure the patient against insecurity by depriving the recurrent circumstance of the impact of newness through an intangible feeling of familiarity. Thus *déja vu* constitutes a defence reaction against impending danger or unpleasantness by decreasing the anxiety associated with the memory of the undefined, unsolved experience which is originally responsible for the anxiety. Because of this vague association of previous contact with the situation the individual feels that he is not venturing into an entirely new field with which there is an unconscious memory of anxiety, uncertainty and failure. Feigenbaum hinted at a similar mechanism in depersonalization when he asked the question: ' Is it possible that the frequent resort to so ego-destructive a method of defence as depersonalization acts in neurotics as a preventive or immunization? '.[6] In the case to which I just referred the ego has not been destroyed but continues to operate as in a vacuum.

In 1933 I ventured the theory [7] that the mechanism of depersonalization is closely associated with erotization of thinking and the formation of a super-ego unharmonious with the body ego (feminine super-ego in a man and masculine super-ego in a woman), and that this disharmony eventually led to a repression of the alien element which in turn caused the feeling of estrangement. This mechanism could be subsequently substantiated in a great number of cases. But it was also true that such clashing between super-ego formation and body structure existed in other cases where the feeling of unreality was a minor symptom or non-existent. The difference appeared to be that in the latter cases the presence of this disharmony had not given rise to anxiety in any great measure. I should now be inclined to regard the resort to erotization of thinking as a first step in the defence against anxiety which in turn facilitates depersonalization.

Since this first paper the clinical material which has come to my notice has been fuller than might have occurred because of several cases referred where feelings of unreality or depersonalization were prominent symptoms. Thus I observed repeated instances where the feelings of unreality directly followed a threat, such as the upsurge of homosexuality or a painful rejection, the stimulus usually coming from without but setting into motion strong reactions of latent anxiety.

This anxiety has been implied though not specifically stated in the descriptions by many writers on depersonalization—e.g. Nunberg,[8] who regards the phenomenon as a narcissistic injury based on libido detachment. It is also implied in Freud's own feeling of guilt at surpassing his father [9] and in death and castration threats which may be basic in all anxiety.

As an example of the protection which unreality serves against anxiety, I quote from one patient who had suffered from great fear of his father and over-strong mother attachment: ' If I meet someone new, first there is a brief wave of anxiety and then I have a feeling of unreality. If I were real I do not think I could cope with meeting them.' Another patient who had suffered from a feeling of unreality since the

[5] Oberndorf, C. P.: ' Erroneous Recognition '. *The Psychiatric Quarterly*, **15**, April, 1941.

[6] Feigenbaum, Dorian: *l.c.*, p. 11.

[7] Oberndorf, C. P.: ' Depersonalization in Relation to Erotization of Thought '. *Int. J. Psycho-Anal.*, **15**, April-July, 1934.

[8] Nunberg, Herman: *Practice and Theory of Psychoanalysis—States of Depersonalization*, p. 74.

[9] Freud, Sigmund: ' Eine Erinnerungsstörung auf der Akropolis '. *Almanach der Psychoanalyse*, 1937.

age of seventeen gave the following sequence of the development of the symptom: uncertainty, anxiety, then restlessness, nervousness, unreality, the feeling of not being a person. At times the feeling of depersonalization develops so quickly that these stages cannot be distinguished separately.

The development of the state of depersonalization may occur apparently directly and very acutely as a result of a threat of abandonment, as is shown in the case of a man of about forty who has been homosexual, passively as a rule, from the age of seventeen, and who alternates his actual homosexual experiences with frequent masturbation accompanied by homosexual fantasies. Perhaps we might say that he is afflicted with marked oral fixation and that his aggression now manifests itself through a loquaciousness which at times amounts to a logorrhea. His relationship with his mother before her death might be described as extremely bad, characterized by pinching and striking her. He also suffered from schizoid tendencies and had been under treatment, a supportive modified analysis, by the same analyst, daily for fifteen years. Then terrible anxieties developed in the patient over the possibility of his physician's failing health in advancing years. The latter thought it futile to go on with the patient and arranged that he continue under the care of a younger psycho-analyst.

According to the patient the old physician, with his increasing irritability, became tired of his complaints and ' practically threw him out '. To quote from the patient: ' The fact that treatment had continued fifteen years made the actual facing of reality if the doctor abandoned me that much more horrible and made his lack of any true feeling for me more apparent. However, prior to the desertion by my doctor there already existed a great diminution of feeling from days so far back that I cannot even recall it save in spots. The threat of abandonment added to my already dulled and stunted feelings a still further deadness to save myself from the anxieties inherent in this new and horrible state. The erotization of thought was the desperate means of somehow achieving some feeling or fleeing from the anxiety connected with sex. That Dr. X should leave me alone to carry on my existence released a surcharge of anxiety so overwhelming that I was unable to comprehend the feelingless state in which I began to live. Then I was driven to desperation—ceaseless, unknown, which led to actual death attempts.'

This almost total absence of feeling had lasted for three years, during which the patient had been treated by two psycho-analysts before he came under my care. With the relief of anxiety through reassurance at an almost infantile level by means of a playful, jocular attitude on the part of the therapist, the sense of feeling has in a measure returned. This patient, while lying on the couch, frequently showed the symptom of shedding tears which rolled down his cheeks, but he said they were not accompanied by any feeling whatsoever (crocodile tears).

Because of the bland, mask-like facial expression of many depersonalized patients, as well as their descriptions of their mental state as being dead, feelingless, disembodied spirits, empty shells, and the frequent absence of manifest anxiety, for a time it seemed to me that depersonalization replaced anxiety. Further investigation led me to the conclusion that depersonalization merely acted as a defence which masked anxiety without in any way effectively diminishing its quantum or intensity, but sequestered and immobilized it. In severe cases this might become so complete that only on rare occasions some feared impulse suddenly exploding *en masse* would shoot up from the depths and manifest itself in an attack of anxiety. In lesser instances of intermittent unreality at times there is a recrudescence of secondary anxiety aroused through the recurrence of this symptom of unreality which in turn is associated with the fear of insanity.

Among animals when they are in great danger, we observe the phenomenon of simulation of death as a defence, and the term, ' playing possum,' is a common expression in America when a person assumes the mask of death in the face of attack or threat. In a recent book, *The Hound-dog Man*,[10] I came across a passage which indicates that in the possum, too, playing dead does not diminish anxiety, but underneath this external manifestation the animal has the physical sign of fear. This passage describes a possum hunt in Texas in which the attacking dogs followed the scent of a very little possum which found refuge in a tree where he played dead. The author says: ' I held the possum and *felt its little scared heart* beating through its soft fur.' The hunters thought that the

[10] Gipson, Fred: *The Hound-dog Man*. Harper and Brothers, New York, p. 124.

possum was entirely too young for game and hung it back on the tree. ' Then the possum played so dead that he fell out of the tree ' and the hunters hung him up again in a deep fork high out of reach of the dogs ' where the little old possum again played dead, hanging limp as a dish rag.' The author continues: ' I guessed that all his life now, that little old possum would think he'd played it smart and fooled us out of killing him,' a benefit which does not differ greatly from that which the human often assumes he has achieved when he has ' played it ' dead or dumb.

The occurrence of the feeling of unreality in dreams is rare in my experience. However, it is reported by a forty-year-old housewife who came for analysis a few months after the death of her mother because she suffered from depression and anxiety. She said that during childbirth at the age of twenty-two she had experienced a severe state of unreality which she remembered only when anxiety associated with her fear of parturition came up about a year after she had begun treatment. ' The unreality was a way of escaping the traumatic effect of child-birth and enabled me to remain placid and unfrightened by the dreadful ordeal ' (delayed and extremely long parturition).

This patient recorded a dream which illustrates occurrence of anxiety in the dream state because of the threat of rejection, followed by a feeling of unreality which is then in turn relieved by reassurance. The whole situation is reminiscent of that which the previously described patient experienced when faced with the threat of abandonment by his aging physician. ' I find myself lying on a couch in Doctor's apartment. There is another couch on which a patient is lying. The doctor is sitting unobtrusively in his usual position in a chair. My mother is hovering over me solicitously inquiring about my health. I am terribly confused. While I am consciously grateful the undercurrent of thought is centred in the doctor. Why is he treating another patient in my presence? Most assuredly I must be a disturbing influence and should not be overhearing their conversation. I realize I am perfectly well and therefore rise to leave. The doctor has not given me another appointment. That is my fault. I become ill and conscious connection is broken off. Will he remember? Anxiety sets in. I shall never see him again. I become lifeless—a walking ghost—a shell of myself. Reality becomes blurred and I seem to travel away from it. Through the distance I hear his voice. He is saying something about an appointment. I return to reality unable to speak as yet and he seems to understand. How good it is to feel alive and happy. I can actually feel my spirit soaring—energy returning.'

Unreality and depersonalization are certainly among the defences of a regressive nature. The existence or co-existence of schizoid, splitting mechanisms and depersonalization in schizophrenia does not contribute much to the understanding of the nature of the process, nor does a recent postulate [11] that destructive impulses ' working within the ego, which are felt to be alien (splitting off) and therefore persecutors, cause persecutory anxiety.' With the exception of a generally over-antagonistic attitude toward her family—realistically justifiable—in a single case, none of my patients showed paranoid tendencies. Although my contact with fully developed schizophrenia in recent years has been limited, depersonalization is not commonly mentioned as a prominent symptom in this illness.

In a letter from Freud to me concerning depersonalization, dated 25 June, 1938, he wrote: ' the difference between our two concepts seems only to be that you assume a splitting (Spaltungen) in the super-ego, whereas I believe in ego split.' Perhaps Freud here merely intended to emphasize that in his opinion the major disturbance in depersonalization was located in the ego. However, I did not intend to stress that a schism, split, existed in the super-ego—rather that the type of super-ego which had developed in people suffering from depersonalization was inharmonious with the physiological ego structure. Nunberg [12] has suggested a similar super-ego–ego involvement when he writes that ' in depersonalization there is merely a registration and lamentation of the fact that the ego no longer fulfils the demands of the ego-ideal.'

It is difficult for me to conceive of any ' splitting ' occurring in the structure of either the super-ego or the ego without its existence in the one affecting the other. The flow of impulse between Freud's two categories of the mind is mutually interactive unless we assume the

[11] Rosenfeld, Herbert: ' Analysis of a Schizoid State with Depersonalization '. *Int. J. Psycho-Anal.*, **18**, 1947.

[12] Nunberg, Herman: *Practice and Theory of Psychoanalysis*, p. 61.

concept of static levels of function. In some cases of depersonalization which I have studied at times impulses ordinarily ascribed to the id would seem to dart unrestrained into consciousness in some action or word. In other cases the disorder appeared as canalized vertically. This led me in 1933 to construct a diagram [13] which would better indicate the constant, ceaseless interplay between thought currents of the categories of the mind which Freud adopted from Groddeck in 1923. Why and how depersonalization and unreality occur in such apparently widely different conditions as depression, schizophrenia, obsessional neurosis and as an almost separate entity still remains unexplained. Especially noteworthy is its existence in organic disease of the brain (brain tumours, head injuries) and its induction by drugs such as mescalon and cannabis indica.

The immobilization of anxiety in depersonalization bears a certain similarity to the apparent absence of anxiety recently observed after surgical operations which interrupt the pathways from the midbrain to the cortex. This diminution in anxiety has been observed in cases of drug addiction and in persons suffering from inoperable carcinoma where the operation has been undertaken for intractable pain. These latter patients had manifested great anxiety concerning their impending death, but following gyrectomy or topectomy the anxiety is not apparent. Likewise the basic anxiety which impelled the addict originally to seek relief in morphine is sufficiently diminished after brain surgery for him to be able to abandon the drug for a long period of time.

If anxiety is produced by a threat from the super-ego to the ego, or by a threat to the ego from instinctual drives, it would seem that if we discover the anatomical location of Freud's categories of personality, we may eventually reduce anxiety caused through conflict within the psychical apparatus by surgical interference, pharmacological agents or possibly supersonic rays—and we appear to be on the way to locate the areas of psychical function.[14]

Furthermore, if the super-ego is located at the cortex of the brain the strength of the super-ego's power and threat might be weakened by operations or agents which damage ever so slightly the cortical areas of the brain. Isakower,[15] basing his study upon Freud's original diagram of the ego and the id,[16] suggests the following formula for the genesis of the super-ego: ' just as the ego has a body-ego, so the human auditory sphere as modified in the direction of a capacity for language is to be regarded as the nucleus of the super-ego '. In depersonalization anxiety has been sequestered and immobilized apparently through some interruption, a diversion of the usual thought flow, accomplishing by psychic means what in the future may be achieved by physical or pharmacological methods.

However, at the present time the most effective therapeutic method of relieving depersonalization and estrangement phenomena consists, as is the case in practically all neuroses, in the time-tested procedure of freeing and decreasing anxiety through the analysis of its origin. This is more difficult in cases of depersonalization because the anxiety has been corralled, is almost abstract and is not diffused and combined with neurotic compulsions, fears and doubts where it becomes more accessible to the analytic approach. However, stubborn depersonalization can be reached by analysis, and when the patient's scared heart quiets down through the relief of anxiety, like the little possum, he need not resort to feeling dead and thinking he is playing smart in being in the world and not of it.

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[13] Oberndorf, C. P.: ' A Theory of Depersonalization'. *Transactions of American Neurological Association*, **59**, 1933.

[14] Freud at times uses the terms cortex of the ego and periphery of the ego interchangeably (*An Outline of Psychoanalysis*, p. 41) and on occasion seems to use the word cortex in the cerebral anatomical sense.

Note. Since this paper was delivered Gerard writes (Gerard, R. W.: ' Physiology and Psychiatry '. *American Journal of Psychiatry*, **106**, p. 161, September, 1949): ' Psycho-analysis has, in several instances, pointed the road to physiological experimentation and conceptual advance. The id, the ego and the super-ego are clearly counterparted in diencephalon and telencephalon mechanisms, and the patterns of emotional and rational behaviour fit into these.'

[15] Isakower, Otto: ' On the Exceptional Position of the Auditory Sphere '. *Int. J. Psycho-Anal.*, **20**, 1939.

[16] Freud, S.: ' Das Ich und das Es '. Internationaler Psychoanalytischer Verlag, 1923, p. 26.

'WOMEN WHO FALL'[1]

By JOHN LEUBA, PARIS

There is a narcissistic syndrome which, as far as I know, has never been described clearly and which deserves special mention on account of the constancy of a symptom which characterizes it. So far, I have observed this syndrome only in women, and moreover, though I have recognized the same group of symptoms in several men patients, it was precisely the most characteristic symptom, namely stumbling, which was missing. So until more information is available, I shall not give this syndrome any special designation, but will merely include patients suffering from it, under the heading of 'women who fall'.

Stumbling, which may occur to the extent of sudden falls in places where no physical obstacle is present to justify them, is to be seen from the beginning of the second period of childhood and remains as a persistent symptom during adulthood. (Some of my patients near their forties show it in such a high degree that one of them, struck by the frequency with which she tripped, fell full length without apparent cause, or twisted her feet, consulted a neurologist, wondering whether she had some muscular or nervous disturbance. The doctor could find no neurological disorder, but on the contrary noted that she had the muscular tone of a sportswoman, and perfectly normal limb movement.)

I had paid no particular attention to the fact that the patient had told me, with much amusement, how she had fallen flat on a pavement while chatting with her husband, and so I had not been led to connect this fact with the particular features of the psychic structure of those patients who happened to relate incidentally during a session that they had tripped or had a fall in the street.

It was through a case under control that my attention was drawn to the inconsistent personality of a patient. Everything in this forty-year-old woman indicated ego weakness. One could discern only false motives for her behaviour, sham religious feeling and moral ideas, dismaying emotional needs without the most elementary notion of normal emotional relationships, quite infantile but strongly obsessive sexual impulses; but the whole resulted in an apparently coherent personality, as she was hemmed in by taboos and supported by anachronistic interpretations of moral rules.

Taking account of all these inconsistencies, where the super-ego alone gave the impression of stability—on condition that one did not look at it too closely—I suddenly had the picture of a personality which did not stand on its own, but was propped up uncertainly by taboos, and I called my ' control student's ' attention to this, saying that his patient did not ' hold together '. I found myself concluding (doubtless from intuitive unconscious recall of similar cases to which I had not until then given thought) that she must often fall. So I was not at all surprised to hear my student reply that this was actually one of his patient's conspicuous symptoms. From then on I made profitable comparisons between the patients who showed this same symptom, and I always insisted on a detailed account of the circumstances in which it arose.

This discovery is too recent for me to have gathered useful information in every case, as the technical conditions of analysis oblige me to await opportunities for analyzing what happens at the time of falls and stumblings. Up to the present I have been able to establish a very certain relation between stumbling or falling and the emergence into consciousness of an impulse which is sometimes aggressive and sometimes erotic.

For example, a forty-year-old married patient who had maintained a quite infantile emotional life but who functioned intellectually in an adult way, was walking in the street with her husband. She had started a lengthy discussion on the question of whether or not she had been too hard on her son, who had disobeyed her.

[1] Paper read at the 16th International Psycho-Analytical Congress, Zürich, August, 1949.

She concluded the examination of the pros and cons with ' After all, we are not undertakers'. Just as she said this she fell down flat on the pavement, got up laughing, and corrected herself immediately: ' I meant to say that we are not tyrants'.

She related this incident to me at the beginning of the session next day, and I immediately took the opportunity to stress an unconscious aggressiveness towards her son which until then she had only ever admitted intellectually. This interpretation was not to her liking, and for the first time she broke her incessant talking by a rather overcast silence.

At the outset of the next session she told me, still with her defensive smile, that after leaving me the day before she had been so angry with me that at the bottom of the stairs her knees gave way beneath her and she almost fell on the stairs. She added that on going into the Métro she felt herself stagger.

Another of my patients, whose ego is likewise quite weak, fell down in the street when thinking that her husband, with his effeminate and anxious nature, well deserved her betrayal of him with the friend to whom she was then going. (This is the patient who had consulted a neurologist because of the frequency of her falls.) Here the fall was provoked by the entry into consciousness of an erotic impulse overlaid by an aggressive one.

How may we explain stumbling and falling?

All these patients have an ego that is weak, inconsistent, sometimes almost non-existent. Whenever one of their taboos fails to function at the time when a forbidden aggressive impulse or erotic thought arises, the timid ego is instantly submerged by anxiety and wholly or partly obscured, in the same way that some people lose consciousness just when an accident appears imminent.

From then on things seem to occur as if the ego, too weak to stand such impulses, were overcome by anxiety before it had time to become conscious of it. This partial obscuration in the case of stumbling allows the subject to recover himself again in flight. In the case of falling, the obscuration is total and the ego vanishes for a fraction of a second or more. Stumbling and falling are thus to loss of consciousness what petit mal seizures are to epileptic attacks.

In the young the symptom appears very often in the form of a frequent giving way at the knees. This symptom has been described in neurology under the name of *cataplexy*. There would seem to be a case for revision of this neurological concept in the light of these new data which refer the disorder to psycho-somatic medicine rather than to neurology.

(Translated by CECILY DE MONCHAUX)

ILLNESS FOLLOWING DREAMS [1]

By LEO H. BARTEMEIER, DETROIT

The occurrence of acute reactions in the wake of certain dreams is a phenomenon for which no satisfactory explanation has been offered, although it is a common experience in psychoanalytic therapy. These reactions vary in their intensity, their nature and their duration. They include transitory or prolonged illnesses which appear immediately on awakening from a dream or they may not occur until several hours after a night's sleep. If the patient remembers his dream he frequently tells us that his symptom is caused by it or connected with it. Otherwise he often senses that his distress is somehow related to his sleep. If his complaint does not appear until several hours after sleep and he does not remember having dreamed he has no explanation for the occurrence of his symptom. These are the patients who may consult physicians and undergo various examinations to no avail because the symptoms of which they complain are psychological in origin and are usually transitory in nature.

These acute reactions which occur in connection with dreams are either psychological or somatic and vary from mild and fleeting phenomena to prolonged and incapacitating illnesses. Those which I have observed and which I will discuss include instances of migraine, skin lesions, an acute anxiety state and an agitated depression requiring hospitalization.

In his review of the literature of the dream Freud (1) referred to the investigations of the German, French and Italian psychiatrists who had reported their observations about the relations between dreams and psychoses. He then stated that ' Fere refers to a dream which caused an hysterical paralysis. Here the dream is offered us as the ætiology of mental disturbance, though we equally consider the prevailing conditions when we declare that the mental disturbance shows its first manifestation in dream life, that it has its first outbreak in the dream.' Following Freud's discovery that the same mechanisms are at work in the formation of neurotic symptoms as those which turn the latent dream-thoughts into the manifest dream, psycho-analysts appear to have lost interest in those certain dreams which are followed by acute reactions. That this may be so is illustrated by the fact that the next article on this subject seems not to have appeared until 1910 when Dr. G. A. Waterman (2) wrote about ' dreams as a cause of symptoms.' His patient was a middle-aged woman who remained depressed following the death of her husband. She awakened from sleep on two occasions with severe headache and nausea which persisted for a week. Dr. Waterman recovered her dream under hypnosis. The content clearly disclosed her impulse to suicide by drinking poison. Dr. Waterman incorrectly concluded that her symptoms had been caused by her dream. In 1911 Dr. Ernest Jones (3) spoke about the relation between dreams and neurotic symptoms as follows: ' It is not very rare for a neurotic symptom actually to date from a given dream.' As an instance, he mentioned the case of a patient who, whenever he had a certain dream, to the effect that he was being hanged, always suffered for some time from an hysterical paralysis of the right arm. Dr. Jones was the first investigator to point out that ' it is incorrect to regard the dream as the cause of the symptom that subsequently arises. They both have a common cause in some buried thoughts. The same thoughts can come to expression in both a dream and a neurotic symptom, thus illustrating the near relationship of the two.' Dr. Jones further stated that ' the most that the dream can do is to determine the precise form taken by the symptom in question.' In 1947, Dr. H. I. Kupper (4) wrote about ' some aspects of the dream in psychosomatic disease.' This was a report of his study of a man who had suffered from abdominal cramps and angioneurotic œdema, and another who had epileptic seizures on awakening from sleep. Dr. Kupper recovered their dreams under

[1] Paper read at the 16th International Psycho-Analytical Congress, Zürich, August, 1949.

hypnosis and concluded that in these cases ' the dream continued to express a forbidden wish-fulfilment, and instead of being disguised by the dream censor or interrupted by anxiety, was capable of maintaining sleep because the symptoms were a substitute for anxiety. This solution was possible because of the presence of certain personal and perhaps constitutional predispositions ' and he further stated that ' the disease-dream relationship thus represents a " perfect " mechanism in which a psychic conflict and the psychic energy released by it initiates an altered physiologic state.' This effort by Dr. Kupper to explain the disease-dream relationship does not yet provide us with a satisfactory understanding of why it is that only certain dreams are followed by acute reactions, and we must look elsewhere.

Inasmuch as dreams are the expressions of conflicts which are already activated and the acute reactions which follow them have the same psychological structure, we may need to look beyond the dream–acute-reaction sequence for the ætiology of both.

The following thumbnail sketches of incidents from my own practice may illustrate this need: A married man who suffered from obsessional thoughts of mutilating and murdering his wife and daughter continued in analysis for many months with no improvement until after he had the following dream: He dreamed he was crying intensely. The dream awakened him and he was immediately suffering from one of his typical migraine headaches. He expressed the conviction that the dream had awakened him because of the intensity of his crying, and he said he could not remember ever having cried so hard; that ' every bit of me seemed crying.' This re-enactment of his infantile rage against his mother led to the working through of his repressed hostility to her and a rather rapid alleviation of his obsessional thoughts against his wife and his daughter. After several years he has had no recurrence of his migraine. The dream and the acute reaction represented a crisis in his analysis, and both were manifestations of a marked change in the transference relationship which had been under way for several days. Whereas he had regularly identified me with his father whom he loved and admired and who had meant so much to him, a change in my own disposition towards him had ushered me in as his mother whom he hated so intensely.

During the analysis of a young woman who had always been successful in her intellectual rivalry with her twin brother and who was strongly identified with her very intelligent father, the following incident took place: She stated, ' I dreamed that I was in your office lying on the couch. You said in a stern, cold voice, " You had better tell me all about it." I quickly asked, " Tell you about what? " I felt angry, confused and sullen. I didn't know what " it " was, so I didn't know what to talk about. After a period of silence, you said, " You know what will happen if you don't say anything, don't you ? " I didn't reply, but lay wondering what would happen. Then it came to me that, of course, I would have some sort of skin trouble—and on my arm. The dream ended without my saying anything about this to you.' While the patient was having her breakfast, she noticed an itching on her left wrist which she first thought was a mosquito bite. As it persisted, she discovered a lesion about an inch in diameter and three smaller ones directly behind it. By nine o'clock she was in the office of her family physician, who told her the lesions were related to poison ivy, and he prescribed an ointment to relieve the itching. As she was leaving his office she first recalled her dream of the night. The lesions disappeared after two days. Nothing was learned of this transference problem until later. At the time the patient said she thought the lesions represented a compromise. She said that in the dream it was as though she were saying ' Rather than tell you about it, I will suffer skin trouble. If I suffer skin trouble, I won't have to tell you about it.' Some months later, during the last hour before the treatment had to be interrupted because of my departure from the city, she repeatedly had the feeling she was forgetting something, and before the hour ended she had developed a number of noticeably large skin lesions on her face and neck. She subsequently wrote me and enclosed her cheque for the analytic fee. In her letter she said she had intended to write the cheque the day before the analytic hour, then forgot and made it out just before the hour began. She next remembered it in the office of her family physician, to whom she had gone after leaving me. This, she said, was what she had forgotten during her analytic hour, and she added that as soon as she recalled it her skin lesions disappeared. The underlying factor with which both the dream and the acute reactions were trying to solve was a re-enact-

ment of the financial aspect of the transference relationship. She had frequently belittled me during her analysis as her father had treated her during her childhood. Following the divorce of her parents during her twelfth year, her father sometimes failed to send the monthly cheque for the family's support, and she was delegated by her mother to visit him and ask him for it. On some of these occasions he would refuse her request. The re-enactment of these scenes during the analysis with herself in the rôle of her father was on these occasions carefully concealed from the material of her analytic hours. In this instance, the dream foretold what was to come later.

A young mother awakened in terror from a dream in which she was helpless to prevent the drowning of her second daughter. Upon awakening in the morning she felt strange and remained in a state of detachment for several days. ' Everything seems unreal and I feel removed and at a distance.' She had been hospitalized six years previously because of an acute schizophrenic psychosis during which she made several attempts at suicide by hanging. She had come to analysis because she felt she had never completely recovered from this illness. She always saw herself in the child who drowned in the dream. This child had been illegitimately conceived, and this fact was a source of much unhappiness to herself and her husband. She identified herself with the child through her life-long feelings of having been unwanted by her own mother. The acute reaction she experienced following the dream was the way she had felt during the onset of her previous psychosis. She was most fearful she would again become psychotic and the clinical picture was that of a pre-psychotic state. In her fourth year she had been rescued from drowning and again in her eleventh year she had almost met the same fate. She suffered repeated attacks of pneumonia. Both the dream and the acute reaction were the gross indications of an abrupt change in the transference relationship which had been in evidence much more subtly for several days previously. This was a repetition in miniature of her previous psychosis which had occurred after her narcissistic object-choice had left for military service. That both these events were revivals of early infantile feelings can hardly be doubted. Within a short time during which she was able to recover her positive feelings in the analytic situation her symptoms disappeared.

A young woman dreamed that her girl-friend had been murdered and that she and her mother were dismembering the corpse and packing the parts into a trunk to conceal the crime. They were in a great hurry because of their fear of detection by the police. When the patient awoke from the dream she told her mother she felt ill and she did not go to her employment. She wanted to remain in her room, was fearful of noises, became depressed and increasingly agitated, spoke of suicide and was admitted to the hospital forty-eight hours later. The clinical picture was agitated depression. She said ' it all began with that terrible dream.' The girl who was murdered in the dream was one of whom the patient had been fond but whom she began to hate when her mother manifested a preference for her over the patient. The history disclosed that these recent events had activated her infantile situation with her mother and her younger sister. Her hatred in this situation had been repressed, and when a similar rivalry again appeared, the dream and the psychosis were the last means of attempting a solution of this problem which had been activated some time before.

These experiences from my practice have led me to conclude that the dreams which are followed by acute reactions during psychoanalytic therapy presage momentous events in the transference relationship. This is another way of saying that they represent attempts to cope with the very core of the patients' neuroses. That these deepest problems were stirred up by the work of the therapy can scarcely be doubted. The dreams of the sort I have been describing provide a true clue to the acute reactions which accompany them. In so far as the remnants of the dream-day are always present it seems highly probable that they constitute the precipitating cause of the acute reactions. Consequently, the ' day-remnants ' in these dreams are of greater importance than ordinarily, and they must be established and understood in these dreams more thoroughly than is our usual custom in practice.

Perhaps these observations, which have been made intuitively for many centuries, have been responsible for Plato's and Aristotle's belief and for the general superstition that dreams are prophetic. They are not prophetic in the mystical sense, but they do, in a sense, foretell the future in so far as they are links in a psychological chain which psycho-analysis has taught us to understand.

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EMERGENCE OF HIDDEN EGO TENDENCIES DURING DREAM ANALYSIS

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From the early days of psycho-analysis dreams have been one of the main roads to uncovering the unconscious, and no other system of psychotherapy or psychology has given them the same emphasis or put them to such constructive use.

It became apparent to Freud that the complex configuration of a dream is not a static phenomenon but the end product of various forces striving towards partly identical and partly disparate goals. His disentanglement of these forces, his ability to use the dream as a phenomenon to deduce and describe the forces which must be at work in its production and his reconstruction of what must be the structure of the apparatus which is endowed with the faculty of producing dreams is one of the greatest of intellectual achievements. Rarely was so much concluded from so little by succinct ratiocination and empirical observation. It would seem that little could be added after Freud's exhaustive analysis. And actually, as Freud himself mentioned, little new has been added, although he seems to have thought that our knowledge of dreams and particularly of the dream work is far from complete. With the shift of psycho-analytic interest to ego psychology it was logical that some analysts should scrutinize anew the dream contents for clues to the unconscious structure of the ego. In Freud's first publication, the ego's contribution to dreams was limited to its wish to sleep, to the censoring function, and to the secondary elaboration. In 1923, however, Freud distinguished between ' dreams *from above* and dreams *from below* ' [2] and in 1938 he wrote: ' dreams may arise either from the id or from the ego ',[3] thus enlarging the ego's contribution to dreams. Yet from the beginning of the psycho-analytic interest in dreams, attention was paid to another series of dream problems albeit of minor importance, namely the vicissitudes of the dream after awakening. There are two main alternatives. The dream is either forgotten or distorted. Distortion is the engrossment or continuation of that work which had been initiated prior to the dream's appearance in the conscious. The forgetting is the manifest victory of those forces which are called by the general term ' resistance ' but which are also actively engaged in dream work.

A composite of all these forces was found in a clinical observation in regard to those patients who occasionally or habitually write down the dream immediately after its occurrence in order to rescue it from obliteration and to preserve it for psycho-analytic interpretation. There seems to have been a general agreement that this is a camouflaged form of resistance. Dreams thus preserved, it is said, cannot be analysed because the resistance which necessitated the written record will continue to obstruct its interpretation after the dream record has been brought to the analyst's notice, and the patient ought to give his associations. But this does not seem to be consistently correct. There are patients who are successful in counteracting their resistances by writing down their dreams. It is true that such dreams are always loaded with particularly heavy resistances and that the patient's need to write down his dreams must also be analysed. But under certain circumstances the written record may be an important contribution, and it may be of help to the analyst in steering the patient through a period of increased resistance by consistently providing him with a record of the patient's current dreams.

The subject-matter of this study is related to the type of problem just mentioned. It asks what can be learned from the patient's attitude towards his dreams once they have been dreamed and reported in his analysis. Our

[1] Paper read at the 16th International Psycho-Analytical Congress, Zürich, August, 1949.

[2] *Int. J. Psycho-Anal.*, **24**, 1943.

[3] *Int. J. Psycho-Anal.*, **21**, 1940.

interest in this study does not concern the patient's affective and emotional reactions to the manifest dream content, nor his emotional attitudes towards the latent dream thoughts, but the manner in which his wakeful personality, his ego, deal with the manifest dream in analysis. The patient may, for example, say after having reported the dream that nothing comes to his mind. If it does not concern a symbolic dream, this is the sign that he is in resistance. The ego refuses co-operation in the process of establishing the true meaning of a dream. If this reaction occurs repeatedly or habitually, however, it may be the result of a character trait. It may be due to stubbornness that the patient consistently refuses co-operation.

There is also the type of patient who fears being suddenly confronted with a content which up to then he had successfully repressed. Or the patient may be competitive, and therefore not want the analyst to make a discovery before he himself can ascertain the possible background of the dream. Thus we see that a simple lack of associations may be indicative of a variety of character traits. Silence or claiming a blank mind after reporting a dream is an unspecific reaction, and its particular meaning in terms of character traits must be derived from other sources. Yet sometimes a patient will show attitudes which permit more specific conclusions.

There are patients who always produce associations to every last element of the manifest dream. Others pick out one little detail and associate to that exclusively, thus presenting a particular facet of their compulsive characters.

One of the authors had occasion to observe a patient, an obsessional character, whose technique of handling dreams distinctly repeated a basic pattern of his life history. His associations would go to a certain point and then he would drop the entire subject. His behaviour in other pursuits followed this same pattern. He practised coitus interruptus in spite of having been advised against it. In his medical practice he changed to four different specialties one after the other. He had moved five times from one city to another in the course of his professional life. In the army he submitted obsequiously to his superiors, only soon to become a source of such irritation that he was in danger of being court-martialled.

The behaviour of the patients so far mentioned did not differ during dream analysis from that in many other of their life situations which were known to the analyst. Since not only the unconscious but also character continuously reveals itself, it is not surprising to find general features of a patient's character structure delineated in the particular situation of associating to a dream. In this study, however, we wish to go a step further and show that in some instances, by his way of manipulating the dream, the patient may usher in certain fundamental particularities of his ego structure which are brought into full light only after prolonged analysis, but made their appearance in the initial phases of the treatment in no other situation but that of dream analysis. Three clinical instances will be reported here. In all of them it became quite evident in the course of analysis that the most important disturbance of the ego had become accessible to the analyst's observation for the first time during dream analysis.

A thirty-nine-year-old woman sought analysis because of maladjustment to almost every sector of life. She suffered from anxiety, inhibitions, feelings of isolation, depression, feelings of rejection by her environment, and was incapable of getting enjoyment from love or work. Emotionally she was almost completely dependent on the members of her family and on a few women friends to whom she attached herself in a leech-like fashion. Although she held several degrees in art, she worked in an inferior position and even there had difficulty in maintaining her job because of her character disturbance. Her appearance was a mixture of old-maidishness and early adolescence. Her manners were affected and her shyness histrionic. Her heterosexual relationships had been confined to an incestuous experience. Although she never had any overt homosexual relationship, she always found some woman to whom she attached herself and whom she tried to dominate as much as the victim permitted. Her desire to dominate led her to pry into the private affairs of her victim, misinterpreting whatever the other person did or said and constantly referring to herself everything that the other person did. Whenever her victims defended themselves against her by withdrawal she felt unloved and rejected and indulged in elaborate phantasies of a masochistic colouring.

She came from a rigidly puritanical middle-class family. Her mother was a socially active, attractive, and domineering woman; her father, a shy, withdrawn man, entertained no contacts

outside his family and showed the traits of a compulsive character. Of her two older sisters, one had gone through a stormy schizophrenic episode which was arrested by psycho-analytic therapy; the second sister did not show any overt schizophrenic condition, but had suffered a bland character change during adulthood. All three sisters were talented above the average, and the two older ones held responsible positions commensurate with their abilities.

Although it was clear from the beginning that this patient was at least a borderline case, the definite diagnosis of a paranoid condition could not be made with certainty. Her analysis centred for a long period essentially round her pre-genital fixations of a scoptophilic and sado-masochistic nature. We did not understand until very late that behind the scoptophilic impulse was a phantasy of destroying the object by the magic of her eyes.

From the beginning of her analysis the patient showed a specific, well-circumscribed attitude towards her dreams. Although she had an active and elaborate dream-life which she usually presented without marked inhibition, she never spontaneously commented upon her dreams, but resisted any attempt at working with the dream material. We are not referring here to those periods during her analysis in which she used the reporting of her dreams for specific gratification of sado-masochistic impulses in the transference relationship, but to a reaction of panic and extreme rage which always occurred whenever her attention was drawn to her dreams and she was asked to associate to them. The violence of her objection was so great that she even sometimes jumped up from the couch, and huddled in a corner. This attitude, although extreme, may give the impression of the well-known features in anal characters which, valuing every production of their own as something precious, obstinately refuse to co-operate in analysing their dreams for fear of devaluation. This mistake of classifying her attitude towards her dreams as part of an anal character was made in the beginning of her analysis. Looking back at those initial stages we believe that this mistake could have been avoided and that a correct understanding of this attitude would have led directly to the patient's most important and essential disturbances. As it turned out, her specific reaction expressed an intolerable fear least she destroy a part of herself by looking at the dream and lest simultaneously, by being looked at and discussed, the dream might come alive and destroy her. Her disturbance took place on a level which was not far from that of primary narcissism where the ego cannot differentiate between external and psychic reality. In the early stage of her analysis this core of a paranoid mechanism could not be seen in any other clinical manifestation but only in this regular, specific reaction to her dreams. Later in her analysis this conflict became evident in other manifestations also, and was confirmed as the central issue of her latent psychosis. In the course of her treatment a remarkable upswing of her artistic creativity took place. She became quantitatively more productive and her creations met with public recognition and acceptance. But whenever she had to show her creations to her agent she produced the identical reaction of panic and rage which she showed toward her dreams. At first she could draw only series of human figures which looked identical and were expressionless and lifeless. These two features of serialization and lifelessness served to deny the individuality of her creations, i.e., the defence against her fear lest any of the drawn figures might come alive. At a later stage the series of identical figures was broken up into recognizably different characters; nevertheless, each single figure continued to preserve a character of pure formality and lifelessness.

During one period of her analysis she produced delusional ideas; once, for instance, she angrily reported that in walking to the analyst's office she saw a soiled sanitary towel on the street and was convinced that it had been put there for the purpose of forcing her to look at it. At other times she would spend her analytical hour in just staring at the analyst in order to express destructive impulses. A great deal of the material elicited during the analysis justified the assumption that at some time during the patient's childhood her mother had been pregnant and had miscarried. Only after the termination of her analysis was this reconstruction verified from an external source. It is likely that the patient's fears of destroying a part of herself by looking at her dreams, or her fears that these dreams might come alive and destroy her, were intimately connected with that particular incident in her life.

We believe that though the patient's behaviour in connection with her dreams during the initial phases of her analysis served the purpose of resistance it sporadically brought the central issue of a latent psychosis to the surface. This

issue later became the stumbling-block of her analysis, but initially it was clinically mute and at that time manifested itself only in the manner aforementioned. Subsequent analysis revealed some of the reasons for the dislocation and restriction, as Freud called it, which her ego had suffered. Yet we want to re-emphasize that in the beginning of her analysis, at a time when one could not have guessed its historical foundation, her ego modification became discernible only in her reactions to her dreams.

The second case concerns a twenty-eight-year-old woman who came to analysis because of erythrophobia. She complained about the fear of blushing which had made it impossible for her to continue work as a nurse. She hoped to avoid her anxieties by taking a job as a secretary in a business office, but was utterly dissatisfied with her professional life. Socially, too, she felt handicapped by her symptoms, and in general had the feeling that the symptom interfered with any achievements in her life, although she was good-looking and intelligent. Coming from a puritanical family, she tried rigidly to fulfil her duties and to comply with traditional standards. Since her adolescence she had scarcely had any heterosexual contacts, and her emotional life centred around the members of her family. She had lost her father when she was about twelve years old. From the beginning of her analysis this patient showed a very striking attitude toward her own dreams. She either introduced her dream report by saying ' I had a peculiar dream ' or she ended the account with the sentence ' That's all there is to it.' The remark ' I had a peculiar dream ' could have been taken as still belonging to the dream thoughts. The same might have been true for the ending remark. However, since it soon appeared that these sentences were stereotyped, it did not seem likely that they were actually a part of the dream or referable to the latent dream content. The first sentence especially was pronounced in a way which conveyed the patient's feeling that she actually had no part in the production of the dream, that it was foreign to her almost as if imposed on her from the outside. Once, for instance, she dreamed about her mother being drunk. She showed a very indignant attitude about the contents of this dream, commenting that she did not know why her mother should behave in such a way since she never drank, and apparently at that moment lacked the capacity to distinguish between reality and dream, thus overlooking that the dream was a creation of her own. The ending sentence ' That's all there is to it ' cut off any possible further associations to the dream elements. It was almost as if she showed some part of herself and then decided not to proceed any further with the exposure. Altogether she usually responded to the content of her dream with a feeling of suspicion, as though it were put in her way in order to irritate and annoy her. These stereotyped reactions towards her own dreams roused the suspicion that a paranoid condition underlay the seemingly hysterical erythrophobia. The subsequent course of her analysis justified this assumption and made the meaning of the two sentences more understandable.

Between the age of eight and ten she had been a rather delicate child, easily fatigued, and her parents used to insist on her taking a nap after school. She interpreted this regimen as a punishment inflicted upon her by her mother, whom she thought to be hostile towards her. One day when her mother gave her a jumper as a present she concluded that her mother wanted to indicate by means of the gift that she was no longer hostile towards her. But the next day, when her mother still insisted that she should go to bed after school, she was convinced that her mother had given her the present in order to make her feel secure so that by punishing her the patient would feel even more humiliated and crushed than before and the mother could feel she had triumphed over her. These paranoid ideas concerning her mother persisted in all kinds of phantasies. However, she also transferred her suspicious phantasies towards other female persons, and although during her analysis she claimed that she was aware of the unrealistic character of the phantasies, one still had the impression that she was not completely convinced of this statement. When, for instance, during her analysis she was able to change her position back to being a nurse, she very soon developed the idea that the other nurses stared at her in order to make her blush and thus to humiliate her.

The history of her erythrophobia was intimately connected with certain sexual activities of her childhood. From an early age on up to the age of thirteen she and a male cousin of hers used to undress in front of each other in order to look at each other when urinating. At about the age of seventeen, she had a date with a boy who tried to kiss her in his car.

By that time the patient had become sexually rather inhibited. The next day when she, the boy, and a brother of the cousin with whom she had shared her childhood sexual games, were together, the boy made some comment about kissing and necking. The patient suddenly had the conviction that the cousin knew that the remark referred to her. She blushed, and from that moment on the symptom of erythrophobia was established. She avoided contact with men, isolated herself, but always was able to use some superficially convincing rationalization. In this way she never became conspicuous. During her analysis she was very reluctant to present material about herself that would show her at a disadvantage. Behind an attitude of seeming modesty one could guess at inflated ideas about herself and at extreme arrogance. It was hard for her to accept any criticism, and she denied responsibility for any actions which were not ego-acceptable, just as she denied responsibility for her dreams. Her attitude toward her dreams suggested that for her they were a repetition of her early exhibitionistic activities as well as a denial of any responsibility for them. The end sentence seemed to express both stubbornness and the specific hostility of teasing by exposing herself and withdrawing, thus preventing any further approach.

Again, it is striking that the paranoid part of her personality first became visible in a trivial remark about her dreams. This particular remark is often made by patients, and frequently refers to a normal response to dreams. It was the patient's voice among other signs which gave the impression of a paranoid attitude. Moreover, the reaction of indignation as if someone were out to tease or irritate her appeared significant. In spite of an extensive phase of paranoid ideas during the late latency and early adolescent period, it is noteworthy that the history she gave and her general behaviour and reports during the early phases of the treatment did not show any other trace of this hidden ego pathology.

The third patient, a woman in her middle thirties, came to analysis because she suffered from depression and anxiety and was unable to form any lasting relationships. She showed certain compulsive character traits, but did not present the picture of a clearly defined obsessional neurosis. Early in her analysis her attitude towards her dreams gave an indication of the severity of a condition which later showed itself to its full extent, and led to almost unconquerable difficulties in her analysis. Instead of associating to her dreams, she did nothing but repeat the manifest dream content in a stereotyped way without being fully aware of doing so. This repetition, which she would continue endlessly if not stopped, served as negation of the dream altogether, much like a mechanism that one frequently finds in children who repeat a word or a sentence endlessly until it becomes meaningless. Usually a feeling of depersonalization accompanies this procedure. Much later in her analysis this patient remembered an incident of her early schooldays when she was supposed to recite a poem at school assembly. After reciting the first verse, instead of going on to the second, she compulsively repeated the first and suffered great embarrassment. From her associations it could be assumed that this incident was intimately connected with earlier exhibitionistic experiences which she had every reason to negate, because they had been connected with an unbearably humiliating experience at that time. Her attitude towards her dreams was a warning of what was to be expected in the course of her analysis. She actually showed the same mechanism of defence in using repetitiveness in order to deny and negate and depersonalize throughout her analysis. At the same time the constant repetition of the dream had the opposite meaning too, namely the preservation of the object and a defence against mutilation. This was borne out by the memory of early masturbatory phantasies consisting of mutilation of women, children and animals. This impulse to mutilate and to cut into pieces showed up in the mechanism of isolating which she employed freely in phases of resistance. In the course of her analysis, repetition, isolation and depersonalization became so strong that her treatment came to a complete standstill in spite of her continuous talking. Her discourse became empty chatter. It is noteworthy that the patient was informed by her mother that at the age of eleven months she had witnessed her mother's miscarriage. The child was standing in her crib greatly excited and babbling incessantly. This ancient defence mechanism had been overlaid by others, but became clinically visible in her analysis for the first time in her reactions to her dreams.

We believe that in the three instances here briefly described, the patient's attitude during the process of dream analysis revealed an ego

level which was effectively hidden in all other life situations. The remarkable feature was that this particular ego structure became in the further course of the treatment a real stumbling-block, and it appeared questionable whether that particular ego deformation could be overcome at all by our ordinary psycho-analytic techniques.

Assuming that our observation was correct, two questions which cannot be answered immediately arise. Firstly, why did this hidden structure come to the fore just in the process of dream analysis? Is this due to personality peculiarities on the part of these patients, or is there perhaps something in the dream which provokes the waking ego when dealing with dreams to regress to an archaic, but still living, mode of dealing with the internal and external world? Secondly, we must ask, what is that new structure which came to the fore in these clinical instances? We believe that we are dealing here with what Freud called the ego-modification, to which, in *Analysis Terminable or Interminable*, he attributed such overwhelming importance. There he stressed that it was not the symptom *per se* that was the decisive factor regarding the prognosis of the psycho-analytic treatment, but its genesis. If the symptom was the result of trauma, the clinical evaluation must be quite different from what it would be if it is the result of a permanent modification which the ego has suffered in the course of its development. From this viewpoint our clinical observation may obtain some general importance. The patient's behaviour during dream analysis may become initially a particular source of information as to the degree of ego modification which might become revealed in the later course of analysis. In view of the decisive bearing the patient's ego modification has on the treatment, behaviour during dream analysis may become a clinically important guide for the analyst as to where to look for the battlefield on which the decisive analytic battle will be fought.

THE MOTHER TONGUE AND THE MOTHER

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I

The acquisition of speech marks a turning-point in the psychological development of the human being. The use of words for purposes of communication signals the end of infancy and the beginning of childhood. Language is the organized system of verbal productions which has been established and perpetuated by the culture and which is now available to the individual. This paper is an attempt to investigate those factors which decisively influence the conscious and unconscious attitudes toward language and speech. The clinical material is based largely on the following case:

A thirty-five-year-old intelligent and attractive woman sought psycho-analytic treatment because of a sleep disturbance. Ever since the birth of her first child, she was unable to sleep in the same room with anyone and was terrified of resorting to sedatives. She feared the drug might not help her and that she might eventually become an addict. The patient was married to a man much older than herself and had three children. She was Austrian by birth and had lived in Austria until the age of 18, when she came to America.

The first year of her analysis proceeded relatively smoothly and seemed to follow the course one would expect in an hysteric. The fear of *not* falling asleep was revealed to cover a still stronger fear of falling asleep in the presence of someone. Falling asleep meant losing control, and losing control meant becoming sexual. Sexuality had become repressed and was linked up with a strong œdipal attachment to the father associated with guilt feelings and enormous hostility to the mother.

A new development in the analysis occurred when the patient, under the impact of a strong, positive transference, started a relationship with a married man. This man was loved, worshipped and adored while his wife was hated and envied. The obvious transference and œdipal nature of this affair was interpreted, but this brought no change in the relationship. At first, the affair seemed to represent an opportunity for forbidden sexual satisfaction, but this determinant proved to be secondary. Certain specific characteristics of the sexual behaviour pointed to a more infantile origin of this conduct. The patient wanted intercourse every time and all the time she was with her lover. Orgasms were unimportant; what she wanted was to feel his penis within her because it made her feel full, rich and warm. Without it she felt empty, poor and cold. When she was away from him she longed for him hungrily, and was constantly tormented by jealousy fantasies. Gradually she became aware that this man was selfish, arrogant and somewhat stupid, but this in no way influenced her longings to be with him. The only change in the patient's clinical picture at this time was that she was no longer afraid to sleep with someone in the room and was no longer afraid of becoming addicted. The reason for the latter is obvious—she had become addicted. Only now, instead of being addicted to sedatives, she was addicted to her lover. Fenichel (6), Annie Reich (12) and Frances Deri (3) have described somewhat similar pictures in their work on the problem of extreme submissiveness in women.

The tenacity of the patient's addiction to the married man; the futility of all interpretations in a hitherto co-operative patient led to the conviction that the addiction served an important defensive purpose in addition to all the other meanings. This point of view was confirmed when new material now came to the surface concerning some vague and fleeting memories of early childhood phobias. These phobias alluded to a fear of the night, a fear of water and a fear of falling into a deep hole. The patient's resistances also changed at this point, and whereas she had previously spoken easily and fluently and had many vivid dreams, now there were hours with little to say and difficulty in remembering dreams. This was particularly manifest when an attempt was made to get the

[1] Presented at the 16th International Psycho-Analytical Congress, Zürich, August, 1949.

patient to talk about her mother. She would exclaim instantly and hotly that she hated her mother and that there had never been any warmth, affection or tenderness between them. Previously when the patient found difficulty in expressing herself in English, she was quite ready to speak German, but now she became reluctant to do so. One day she recounted a dream:

' I dreamed of a glass bowl and a baby girl was drowning in it. I wondered if the baby were dead. The baby had drops of water and honey on its face and I felt a great love for it.' Her associations concerned the fact that although she had talked about her fear of water she was reluctant to think about it. She had the feeling she was the girl in the dream, and that was remarkable, because usually she dreamt of herself as a little boy. Honey was a cough remedy that her father used when he was ill with tuberculosis. Her father had died when she was six years old. The first interpretation made reference to the patient's childhood fears concerning the water in the chamber-pots they used. These fears probably occurred at the time that she was worried about the question of being a boy or a girl. The patient responded to this that she now remembered having dreamt this dream in German. It was suggested that she speak German, but she reacted initially with anxiety and said, ' I am afraid. I don't want to talk German. I have the feeling that talking in German I shall have to remember something I wanted to forget.'

The first hour of speaking German concerned her fear of having to say obscene words in that tongue. They were much easier to say, and were much ' cleaner ', in English. Then her thoughts turned to ' Nachttopf '. ' A chamber-pot becomes alive if you say " Nachttopf ". It is ugly and disgusting and smells bad. In English a chamber-pot is much cleaner. In German I am a scared, dirty child; in English I am a nervous, refined woman.'

The course of the analysis changed at this point. The transference which had been of a positive, fatherly nature now took a negative turn, and the analyst became a disapproving, critical mother figure. Her husband, who had been sexually taboo because he was considered a father image, was now revealed to represent a nagging, fault-finding mother. The material which now came to the surface concerned anal activities, with many dreams and vague memories of dirty beds, spots on the mattress, sitting on the chamber-pot, etc., etc.

Then came a series of dreams full of great anxiety, of which the following is a sample: ' I have to cross a bridge and down below are crocodiles. One of them seems to be devouring a man. Then the crocodile turns into a man. This was unbearably frightening and I awoke, only to fall asleep again. Then I dreamed I was on a big bed and on it a man and woman were sleeping. I screamed and awakened the people in the dream.' Her associations to the dream evoked a memory of her dread of going to the dentist when she was about four. This reminded her of her first analytic hour and her great fear of opening her mouth. Then she recalled a fragment of a hitherto forgotten dream where her girl friend was pregnant and spat a lump out of her mouth which was an embryo. The crocodiles in the dream looked like a penis. The interpretations revolved around the patient's oral-sadistic misinterpretation of the primal scene. In response to this the patient related how poverty-stricken they were in her childhood and how she loved to eat corn on the cob and asparagus. When she came to America she ate asparagus almost daily, because she could not believe that it was true that she could have it any time she wanted it.

This dream and others of a similar content gradually led to the remobilization of an old fantasy. This fantasy concerned the image of a pre-œdipal, devouring mother with a phallus.

This patient could never call her mother ' Mutter '. There was something sensual in this word, and she was always ashamed to use it. Instead she would use some diminutive form like ' Mutterl ', ' Mutti ', etc. She then recalled that even more difficult for her than the word ' Mutter ' was the word ' Busen ' (bosom). She became aware that quite early in life she found her mother an ' unappetizing ', loathsome creature.

Early in the analysis her sexual dreams concerned men with huge, hard, dry penises. Moist and soft meant dirty to her. Then there was an occasional dream of a man with a limp, soft penis, which was somehow pleasurable. During the German-speaking phase of her analysis she was fascinated by the idea of watching a penis ejaculate. Still later on there were dreams of naked women and homosexual dreams. At first these dreams were accompanied by anxiety or repugnance. Finally there was a dream in which she watches a man and a woman having intercourse, but her entire attention is focussed on the woman's nipples. The woman's

breasts are huge and her nipples are lacquered. In this dream she is surprised to feel how sexually excited she is. The scene for this dream is a European hotel which has dirty toilets but is being remodelled. The focus of attention on the woman's breasts, the largeness of these breasts and the fact that the nipples are lacquered all indicate the intense cathexis with which the breast is now charged. Her recent interest in the soft, limp penis and fascination with the ejaculating penis were forerunners of this piece of insight. It was now clear that one of the most important determinants of this patient's stubborn preoccupation with the penis was the fact that it served as a screen for her more deeply repressed longings for the breast. In the dream the European hotel with the dirty toilets being remodelled rather transparently indicates the patient's awareness of the changes which the therapy was accomplishing.

During this period there was much working through in German of what had already been covered in English, specifically the obscene words and images which heretofore had only been expressed in English. For example: to masturbate in English was to masturbate politely. The word ' Onanie ' meant to masturbate with fantasies, fantasies concerning her mother and father. In English one masturbates like a lady and one has no fantasies. The change in the imagery was accompanied by a change in the sexual satisfaction from masturbation. Before there was little sensation, little pleasure and much dissatisfied tension. Now for the first time the patient could feel clitoral sensations and could have orgasms which were strong and would induce sleep. In German her lover did not exist as a vigorous force. He existed only in English. As her relationship to her mother began to dominate the picture, the importance of her lover began to dwindle. As she worked through her feelings toward the pre-œdipal, phallic mother, she lost all interest in this man and was able to renounce him completely.

For approximately three months all the analytic sessions were carried on in German. During this time most of her dreams were in German. Later on the language of the interviews varied, sometimes English, sometimes German, with the patient choosing the language. Only when specific resistances against remembering or recapturing feelings about the mother occurred would the analyst suggest that the patient talk German. Toward the end of the analysis the patient spoke almost completely in English and there was no difference in her productions, no matter what the language spoken.

II

The clinical material presented thus far, incomplete and sketchy as it is, touches upon many different important theoretical and technical problems. This paper will be limited to a few only of the many questions.

To begin with, it might be fruitful to study the indications for the use of a second language in an analysis by comparing this manœuvre with the use of obscene words or childhood expressions during the analysis. Ferenczi's (7) classical paper on this subject illuminates many important considerations. He pointed out how obscene expressions are usually closely connected to œdipal fantasies, the sex life of the parents, questions about pregnancy and birth, etc. There is a further close connection between obscene words, curses and pregenital impulses. Freud (8) demonstrated how obscene words had the peculiar power of forcing the listener to imagine the thing referred to in a concrete, realistic way. This does not happen in using adult language or scientific expressions. The obscene words force the listener to a regressive, hallucinatory re-experience of memory pictures. Originally all words had a hallucinatory quality. In the beginning words were associated to wish-fulfilling, visual images. Only gradually did the child learn to distinguish these images from reality. With maturation and the increasing development of the ego, the child learns to distinguish these images from thoughts. Eventually this process ends with the capacity for abstract thinking. This is not accomplished at one stroke but continues back and forth throughout childhood. Children treat words as though they were objects, which is characteristic of the primary process. This also happens in adults' dreams. Obscene words retain a closer tie to visual imagery and to muscle innervation than do ordinary words. For purposes of communication most words lose this hallucinatory component in order to facilitate their more economic use. The exception to this rule occurs when the images associated to words concern conflictual situations. These words then remain the living bearers of unresolved conflicts. Since the learning of language occurs primarily during the first years of life, it is understandable that those words associated to the most important emotional conflicts of

the first years of life, namely the pregenital conflicts, will be more likely to retain their visual, hallucinatory character. Obscene words are predominantly pregenital words.

In the case presented above, the language problem did not concern the use of obscene words alone but the use of the mother tongue. The structure of this difficulty, however, was identical with the structure of the problem to be found in the use of obscene words. The mother tongue was the pregenital tongue and the bearer of important unresolved conflicts.

The technical questions which come to the fore in considering the use of obscene words or infantile mannerisms of speech in analysis are primarily problems concerning dosage, timing and resistance. In each situation the therapist must weigh the consequences of his using or refraining from using the obscene expression. Sometimes the obscenity helps break through a piece of resistance, as obtains when the patient needs to know that you really are not shocked by his pregenital strivings. On the other hand, the premature use of such expressions may frighten the patient or it may serve as a transference gratification or be felt as a provocation and seduction to exhibitionistic or scoptophilic acting out. The same indications and contraindications were applicable in the above-mentioned case in regard to the mother tongue as one ordinarily considers in patients regarding the use of obscenities.

The *new* language, in this case English, offered this patient an opportunity to build up a new defensive system against her past infantile life. Edith Buxbaum (2) in a paper on this subject demonstrated this very point. In her paper she accented the super-ego qualities that the new language assumes. (Her clinical evidence, however, seemed to indicate that the foreign tongue helped to repress incestuous memories and feelings which would have been more accessible in the mother tongue.) The new language by successfully aiding the defences against the old infantile impulses helps to create a new and somewhat better interstructural relationship. By this additional wave of repression new values and new ego images are set up. Erikson's (4) conception of ego-identity is helpful in these considerations. A new language offers an opportunity for the establishment of a new self-portrait. This may supplant the old images or new images may co-exist along with the old, which might lead to a kind of 'multiple' personality. These considerations, however, are beyond the scope of this paper.

The use of the mother tongue was a technique designed to help to break through the strong defences which isolated the old structural constellation from the newer one. The German language was the vehicle which established contact between her newer, more conscious self and the old, isolated one. It made possible a working through of many insights which heretofore in the therapy had been experienced only in the newer ego-identity.

In this particular case the most interesting phenomenon was the relationship between the mother tongue and the mother. True, the new language helped to maintain in repression and isolation some œdipal and anal material. However, it was the recovery of the feelings and attitudes connected with the pre-œdipal mother which made possible the final resolution of this neurosis.

Previously there was an attachment to men, seemingly like an œdipal fixation. The addict-like quality of this attachment, however, indicated that this was a screen for an oral relationship to men, and behind this, an oral relationship to the mother. The quality of the patient's longing is identical with the description which Ruth Mack Brunswick (1) attributes to the pre-œdipal oral longings for the breast. These demands go back to a period where putting something in the mouth and swallowing brings with it an oceanic feeling. This is not an object relationship but an attempt to re-establish that archaic unity of breast and mouth (11). At one point the patient stated, 'I don't want to have the penis in my vagina. I only want to look at it. Then I can see it and remember it and I will have it in my mind forever after.' (Incidentally, this also bears out the oral factor in scoptophilia.)

Perhaps the fantasy of the mother with a phallus represents on the one hand a longing for union with the mother's breast as well as a re-cathexis of the mother's breast with penis qualities during the early castration conflicts of childhood. The phallic mother is the last stand of the pre-œdipal mother fixation. (The anatomical tongue of the mother may play a special rôle in this situation since it offers a concrete substitute for this conception of a mother with a phallus. This patient's preoccupation with a soft, limp, moist penis and her fantasy of the hidden phallus of the mother hints in this direction.)

III

How generally valid is this relationship between mother and mother tongue? The very term mother tongue implies a close relationship between mother and speech. In Western civilization the first language is called the mother tongue (14). Margaret Mead [2] has stated that even in societies where the women speak a different language from the men, the mother's language is first taught to all the children by the mother and only later do the boys learn the father's language.

Most of our clinical knowledge about patients with speech disorders stresses primarily the anal-sadistic conflicts around the use of language. Fenichel (5) emphasized in addition the oral and exhibitionistic conflicts. Glauber (9) contends that the decisive factor for the development of the stutterer is a disturbed oral relationship of the mother towards her child. In general, it is well known that language which is felt as beautiful and poetic is not perceived as an anal product but as an oral offering. ' Obscenities are shit, but poetry is milk and honey.' This can be observed both in the clinic and in literature. Patients who like to hear the sounds of the analyst's voice are re-experiencing the drinking in of milk. It is quite typical to talk of words pouring forth, streaming out, or to speak of drinking in the sounds and words of others, etc. (16)

Sapir (13), the anthropological philologist, has stressed that there is no strict organ of speech and that all the organs used for speech are only secondarily employed in this capacity, their primary functions being elsewhere. Children brought up without exposure to speech do not talk. Before making sounds becomes a means of communication it serves only as an auto-erotic discharge opportunity and cannot be considered language. The production of sounds becomes language only when it is used for communication. A crucial factor in the development of speech seems to be the auditory sphere. Isakower (10) has demonstrated the importance of the auditory sphere in establishing permanent introjections. The parental figures are incorporated within the ego in the form of spoken commands and prohibitions. Language is the most important vehicle for this phenomenon. The relationship between words and objects is therefore closely connected with the functions of the super-ego. There is something like a moral quality in finding the ' right ' word.

In all ego developments which represent a transition from passivity to activity, identification is the significant mechanism (1). Thus it appears that the auditory incorporation of words is a critical factor in the maturation of the child. Speech is on the one hand a means of retaining a connection with the mother as well as a means of becoming separated from her. The child who suckled at the mother's breast now replaces this by introjecting a new liquid of the mother—sounds. In addition, the child now has the opportunity to repeat actively this old, passive gratification. Thus the child replaces passivity and mother attachment by activity and mother identification via the language. It can easily be imagined, therefore, that the earliest relationship between child and mother's breast will have a decisive influence on the relationship of the child to its mother tongue.

Observations on learning a new language confirm some of these hypotheses. Stengel (15) described some differences between children and adults learning a new language. The child uses simple and complete identification and echolalia is typical. The adult tries to learn the language rationally. Learning a new language involves introjecting new objects and resistances to giving up the old objects may become an obstacle in this process. It is well known that there is a reluctance to give a new name to an old object. It is easier to take on new words and a new vocabulary than to take on a new accent and new intonation. Vocabulary and grammar can be learned rationally, but accent, tone and rhythm have to be imitated, i.e. incorporated. It is this inner core of language, so intimately related to the earliest child-mother relationship, which is so difficult for adults to change. Probably, the facility in learning a new language is also determined by the outcome of the early relationship to the mother. The patient described above had a remarkable fluency in speaking English. She had an unusually large vocabulary, and spoke grammatically with a mere trace of a foreign accent. She wanted to incorporate new objects and in her new language she found a suitable opportunity. It would be interesting to study cases where there is a stubborn persistence of the mother tongue accent in the new language, in order to investi-

[2] Personal communication.

gate whether unresolved fixations to the mother are operative.

This paper has attempted to demonstrate the way in which a patient's emotions and attitudes toward her mother tongue were specifically determined by her pre-œdipal, oral, mother fixation. Further, it is contended that the early mechanisms of auditory incorporation and identification necessary for learning to speak and learning a new language are decisively influenced by the outcome of the conflicts between mother, breast, and child.

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HOMOSEXUALITY AND JEALOUSY[1]

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1. *Theoretical Remarks*

In the psycho-analysis of jealousy, an essential moment stands out at which jealousy intervenes as a defence against a homosexual interest in the rival. Thus, in principle, the rejection of an actual, no longer latent, homosexuality might give rise to jealousy. Clinical experience has shown us that this eventuality can in fact arise. But, reality being habitually more surprising than hypotheses based on reasoning, this jealousy, emerging in the course of treatment for homosexuality, appears to have a significance rather different from that based on reasoning.

Psycho-analytic research shows that there is a dynamic incompatibility between jealousy and homosexuality. On the one hand, jealous behaviour is in part a defence against homosexual tendencies; on the other, homosexuality is in part a defence against jealousy. Cases are well known in which homosexuality intervenes as a solution of the Œdipus or the brother complex. We have observed personally a man who systematically and successfully used homosexual fantasies as a remedy for a state of jealousy. Thus the facts may be partially summarized in this way: jealousy and homosexuality may function as defences one against the other.

Partially only, for the reality is more complex. Clinically, this kind of incompatibility is not rigid. There is no doubt that openly homosexual behaviour is rarely seen in jealous people.[2] But on the other hand, the jealousy of homosexuals is proverbial, and tradition does not exaggerate, whether the rival be man or woman.

Thus from the collation of theory and clinical experience a contradiction would seem to arise.

This contradiction, however, is not difficult to resolve. Jealousy has other functions besides that of defence against homosexuality; it has other roots, genital and above all pregenital. And, moreover, the significance of the term ' homosexuality ' is not unambiguous. It is used to denote not only a form of behaviour, but also motivation, that is, the instigating force of behaviour, which may be latent, and in appearance at least inactive. In individual cases homosexual behaviour and its motivation do not always correspond, at least in the early stages of analysis.

For example, a typically active homosexual behaviour (which would probably better be termed ' pseudo-active ') may serve as a defence against a passive homosexuality, and conversely.[3] So much so that the unconscious dialectic of motivation and integration makes it theoretically possible for jealousy to serve, in an obvious homosexual, as a defence against a latent homosexuality, whose significance is apparently different from that expressed in the homosexual behaviour.

The following facts are intended to clarify this notion.

II. Homosexuality

The patient, whom we shall call Joachim, began treatment in October 1938, at the age of thirty-two.

His homosexual activity dated from puberty and adolescence. At this time, in order to ' be like the others ', Joachim had made several attempts to interest himself in girls, and to have relations with prostitutes, but on each occasion he had proved impotent. He therefore retreated into homosexual habits which, in the years preceding analysis, had the following characteristics:

(1) The partner was an adolescent in whom the patient particularly sought such virile characteristics as robust thighs and chests and a penis of large dimensions:

(2) Having washed and fed these adolescents, his main idea was the sucking of the penis and

[1] Paper read at the 16th International Psycho-Analytical Congress, Zürich, August 15–18, 1949.

[2] Daniel Lagache: *La jalousie amoureuse*. Two volumes so far published. Presses Universitaires de France, Paris, 1947.

[3] Otto Fenichel: *The Psychoanalytic Theory of Neurosis*. Norton, New York, 1945, p. 357.

the ingestion of the sperm; he particularly prized an abundant ejaculation;

(3) The patient himself was successful socially, being an excellent teacher of mathematics. But he was emotional and very subject to anxiety—for example, he had a childish fear of storms, which was so strong that if he could he would throw himself into his mother's arms. He also took pleasure in certain obsessional compulsions, in particular those concerning the ceremonial of work. He suffered from his inability to adopt a virile attitude when in a group, and from a tendency to follow rather than to lead.

A sketch of his family life during childhood will help us to understand these peculiarities.

It is not insignificant that the father was a butcher. He died when Joachim was sixteen. Until then Joachim had grown up in the butcher's shop, breathing the odour of fresh meat, constantly watching the cutting up of the joints, and covering his school books with paper from the shop.

His father was efficient in his business, but spent much of his time away from home. Alcoholic and tubercular, he died early. He had interfered little in the education of his son, although he was interested in it. Analysis showed that the son felt his father's remoteness as a painful frustration, though this was masked by the indifference and mutual constraint of their relations.

The mother was a strong-minded woman, who ran the butcher's shop and presided over the education of Joachim. There is no doubt that she played the part of a phallic mother, a *mère castratrice*, the more so since Joachim was delicate and often ill.

The patient had two sisters much older than himself, of whom the elder married while Joachim was still a small boy. She was an intelligent woman, both sensitive and sensuous, and on to her Joachim transferred most of his Œdipal emotions. Moreover, though free from certain intimidating characteristics, she resembled his mother. Because of this Joachim took very badly her marriage to a man who was intelligent but cold, and who revived for Joachim the disappointment he had experienced in his relations with his father.

Another sister, a little younger, played a less significant rôle in his life. She was assimilated to the father. She married late, and Joachim's relations with her husband were much easier than those with his first brother-in-law.

The patient had no younger brother or sister. It is worthy of note, however, that his favourite sister had for years carried on the fiction of a ' little brother Roland ', who had all the virtues, and who became for Joachim the image of a rival at once hated and longed for.

When the biographical and clinical data are collated, it may be seen that the case of Joachim presents a sample of almost all the mechanisms which bring about male homosexuality:

(1) Fairly obvious was the identification with the mother and with the sister, with narcissistic choice of partner;

(2) A vicarious mechanism was the overcompensation of his rivalry with the imaginary younger brother, incited by his beloved sister;

(3) Less obvious, but a greater determinant, was the frustration of his need to be loved and guided by his father, and as its consequence, his rejection of any leaning towards passive homosexuality.

The dynamic of his homosexual behaviour may be summarized in broad outline as follows. He imagined coitus as a dangerous situation, which he represented to himself in sado-masochistic form. On the part of the man, it was an extraordinarily violent aggression, with no pleasure for the woman; on the part of the woman, a counter-aggression and a form of castration. As a child he had imagined that fecundation involved the loss of a testicle, probably by oral ingestion (he imagined gestation to take place in the chest), and he had wondered how a man, having only two testicles, could have more than two children, as in his own family. He suffered poignantly and physically from the *horror feminae*; the woman was for him something soft and dirty. The vagina he imagined as toothed or bristling with dangerous penises on which he was in danger of being torn. Intimate contact with a woman, therefore, signified for him a deadly danger of castration, to which he reacted with distress and impotence. Contact with his male partners was both reassuring and agreeable. His behaviour tended to exclude passivity altogether. He kept to himself all initiative and activity. The aim he pursued, identification with the man by introjection, was narcissistic. He wanted to feel himself revirilized. The sexual activity we have described was sometimes complicated by disquieting fantasies in which he cut his partner's penis with his teeth.

Owing to external circumstances treatment was extended over many years and fell into three

periods. The first, from November 1938 to June 1939, was interrupted by the Second World War. At this time the patient had given up his homosexuality. Treatment was resumed for some weeks in the summer of 1941, but this effort was not repeated by the patient, who had resumed his homosexual habits. The last period extended from the end of 1945 to July 1947, and during this period Joachim seemed to have overcome his *horror feminae*, almost to the point of accepting coitus. He married, but it was not until several months later that the marriage was consummated. Finally, although external circumstances had again interrupted the analysis, the prolongation of the effects of treatment, and not least the determination of Joachim and the patience of his young wife, enabled him to recover his genital potency and thus to approach social and sexual normalization.

Some time before the events which follow, Joachim had received a proposal of marriage from a quasi-masculine young woman of whom he was afraid. The woman he married, on the other hand (whom we shall call Sabine), possessed an extremely feminine beauty and charm. She was a not very distant cousin whom he had known since childhood, and their families had arranged the marriage a long time before. Once he had made his decision he went to see her again and told her with complete frankness of his past, the prospects for the future, and the risks she would have to run. After a first movement of recoil, she became more favourably disposed, and decided to visit him.

III. Jealousy

A dream which occurred just before Sabine's arrival dramatized some unconscious aspects of the conflict:

Two beds end to end. My sister Marguerite is lying in one, I am in the other. She is telling me a story (which I don't remember very well), in which a young man goes looking for a young woman, " you know what for ". It is stormy—lightning. My sister is afraid and comes into my bed. I am embarrassed, though I am up, and I awake.'

Material brought out in the session discloses a whole gamut of defence reactions against an obviously incestuous urge. The disposition of the beds and the characters in the dream represents not only union but separation; of the two sisters, the dream embodies the one in whom severity prevailed over affection, sexual attraction and complicity; his forgetting the story, the attitude of the dreamer, and finally his awakening, illustrate again the defence of the ego. It is possible that the end-to-end position of the two beds, and the choice as partner of the sister who was assimilated to the father, show a homosexual tendency, and that this dream, apparently heterosexual, expresses at the same time a homosexual satisfaction and an assurance against heterosexuality. But the associative material does not confirm this hypothesis.

Theoretically, the coming of his cousin should have increased the heterosexual urge and his distress. But in fact, his waiting was marked by a nocturnal emission with a painful impression (need to urinate). This emission was accompanied by a short abstract dream.

' A straight line is divided into segments end to end. One of the segments is itself divided into smaller segments.'

The patient experienced great relief after this dream, to which he was inclined to attach a favourable significance. Since he had had only two nocturnal emissions in his life, both since analysis began and both accompanied by homosexual dreams, he wondered if this enigmatic dream was not a heterosexual dream, well disguised, and therefore a sign of cure; especially since his acquaintances always had ' wet dreams ' when they dreamed of love-making.

The geometrical symbols signified particularly the difficulty of the vital problem, taking into account the abstruse character of the geometrical problems which they involved (problems which, after all, had been mastered by our patient).

I noticed later a considerable afflux of units in series, material in which dissociation prevailed strongly over association. The division of the segment into smaller segments was marked by small perpendicular lines. One of the associations of ideas which brings out most the dominant significance of the dream was that of barbed wire, which implied images of tearing and captivity involving the father and much more the mother; castration and dependence might ensure security.

But what emerged most strongly was a revolt against the mother's protective oppression, which had prevented him from emancipating himself and tackling external dangers and obstacles. The session ended with fantasies of aggression against the body of his mother and its contents, leading finally to the encounter with the penis in the body of his mother.

We feel therefore that the development of the session shows a ' normative ' attitude in face of the problem posed, and an effort to overcome the anguish of castration. This effort expresses itself in the dream in a more abstract form. It is probable that the impressions of painful micturition, of the castration complex, and of the barbed wire, should be assembled.

After the arrival of his cousin the patient found himself at grips with a real situation of which the least one could say would be that it was ' delicate ', but which held no immediate threat for him. His distress did not go beyond an intermittent embarrassment; in moments of tenderness he would kiss Sabine and caress her breasts, experiencing erections more and more violent. No doubt the idea of coitus was excluded, but Joachim overcame his horror of ' softness ' without difficulty. Consciously he was dominated by the desire to come to a positive agreement. But he feared a refusal from his cousin based on fear of marriage and men. Thus he developed the idea, which he had never completely abandoned, that a man could possess a woman only by force, and that coitus could only be aggressive and painful for her (hence the distress retaliation). It is at this moment, when he was at grips with a real situation, that the analyst begins to play his part. He was very anxious for the young lady to meet the analyst. His motivation was partly rational—had he been physically ill she would certainly have got in touch with the physician. But he was too experienced not to feel the presence of ' more obscure reasons '. On the one hand, he mistrusted his tendency to embellish reality; on the other, fearing refusal, he hoped that the analyst's intervention would weigh in his favour. ' Something,' he said, ' is due to the attachment I feel to you. You're a friend, even if it is an artificial friendship. I should like your opinion on her.'

The situation developed rapidly. The following day was idyllic, and the patient returned completely overwhelmed, with a new impression of buoyancy and strength. Several times he had kissed his sweetheart, not without fairly violent erections which came on immediately he took her in his arms. From time to time he thought of the analyst: ' I felt you would be proud to see me.' ' Let us give a thought to the doctor,' he said to his fiancée.

The preceding night had been marked by dreams of defæcation, motivated by a real need, but throwing light at the same time on the unconscious conflict. One dream he remembered as follows:

' The scene is the hall at our house. I put my trousers on the floor. There is a sort of waterproof which shields me a little. My mother is there, and one of my brothers-in-law, and also a third person. I am embarrassed. Someone tells me that the lavatories are mended.'

In its relation to his situation at the time, the dream refers to the shame he would have felt if his cousin had noticed his erections; the waterproof is assimilated to a raincoat he had lost, in which he would have looked more elegant when he went out with his cousin. On a deeper level, the dream is based on shame of the body and its functions, which was compensated by his search for the raincoat. The dream meant also the taking up of an attitude *vis-à-vis* his father and mother, in the presence of the analyst (the third person). It recalled also to Joachim his discovery of masturbation, which had determined in him a state comparable to that in which he found himself at the time: ' It seemed to me as if I were someone else.' Later, a singular experience had coincided with the family reunion where he had made his cousin's acquaintance—he had fallen in love with a male cousin and had masturbated in the water-closet with much pleasure. He had not been able to persuade his cousin to be masturbated, but the boy had been willing to masturbate in front of him.

To summarize, the dream expresses, on an anal and regressive plane, the need for disculpation and participation in connection with his new heterosexual orientation.

The following morning, the analyst had the desired interview with the young lady. His attitude was one of objective and benevolent neutrality; nevertheless, his agreement to meet her could be construed as an approval of the romance and an entry into the patient's ' game '. But what game was this? A session some hours later explained this.

The previous night the patient had had a dream:

' I am being analysed. I see myself masturbating on the couch. You say to me, " If you do that it will have extremely serious consequences for me." It seems to have something to do with your wife.'

Joachim played here the part of the little cousin whom he had persuaded to masturbate in front of him in childhood. The analyst is present, alone and undisguised. His misgiving

is motivated entirely by fear of his wife, on whom the patient seems to have projected his own fear of his mother, revived in his infidelity towards his fiancée. Above all, the dream preceded the fiancée's visit to the analyst, a visit so much hoped for, of which the dream constituted an anticipation and an inversion.

Proof is supplied by the development of the session, which was marked by a violent explosion of jealousy with ideas of heterosexual infidelity. The analyst was supposed to have had relations with Sabine and to have abused her on the couch.

The patient had been afraid that the analyst would adopt a too solemn and pontifical attitude towards his visitor, and she had said something which had struck Joachim: ' You were right, this visit did me good.' Several times she had praised the psycho-analyst. Now some weeks earlier, when Joachim had first spoken to her about this visit, she had stiffened, and explained that she was afraid the analyst would submit her to an examination, meaning a ' mental examination '; whereas Joachim had thought of a ' physical examination ' in which the analyst had had her in the ' altogether '.

On the rational plane the patient criticized his ideas of infidelity, which seemed to him incompatible with the character of the analyst. He reasoned: ' You have your wife. You are a decent man. Such things are not done. It would be terrible if at the very moment when I had won a woman you came to take her away from me. I should never dream of taking away your wife. You would have given her, you would have taken her away.'

The ensemble of the clinical picture shows that this allusion to the Biblical text should be taken in an erotic sense.

On the emotional plane, jealousy was nevertheless experienced intensely. The patient breathed noisily, groaned, pleaded: ' Let me go away, I want to go and look for her.'

The anxiety is connected with incompatible attitudes. On the one hand, distress mingled with pleasure—' What I am doing is rather vicious, this *ménage à trois*. I had always thought you would find me a woman, perhaps after you had tried her out yourself.'

On the other hand, the patient felt in his hands a paræsthesia whose aggressive signification is obvious. His hands seemed to him heavy, paralysed. He tried to imagine what would happen when the analyst tried to take his woman away: ' I love you very much. I should like to strike you wickedly, savagely, brutally, without regret or shame. I'd like to kick you in the belly.' Then he began to cry, saying, ' It's idiotic, I'm not afraid of anything.'

To summarise: however complex and conflicting the motivation, the most important explanation is furnished by the homosexual transfer. The project of marriage itself was a defence against the homosexual transfer. Whatever its reasons, the fiancée's visit to the analyst signified above all the need for a corporal and emotional contact with the psycho-analyst, for his affection and approbation. This interpretation is demonstrated by the following arguments:

(1) need for the participation of the analyst;

(2) the young lady's visit is preceded by a dream of homosexual contact with the analyst, the first since the beginning of treatment;

(3) the visit is followed by an explosion of jealousy and ideas of infidelity.

We may add that this incident had no distressing effects on his relations with his fiancée, which soon recovered their idyllic nature, and that, in sum, the patient was satisfied with the ' great impression ' that the analyst had made on his fiancée.

A dream from the following session brings confirmation and new details:

' I am in a restaurant, at table with Sabine or else Jean X. You were passing by, you were at a table near us. I introduce everybody. You take on the face of Jean X. Between our table and your line of passage is another table. An unknown couple is installed there. A strange thing is the confusion of faces.'

A superficial interpretation enables us to recognize in this dream the same need to see the analyst taking part in his life. In the past, meals had constantly been the prelude to homosexual relations. Jean X, who was perhaps Sabine, and whose face the analyst took on, was one of Joachim's pupils, and he had been accustomed to pass an evening a week with him; social circumstances precluded any homosexual implication in this relationship.

In a more profound manner, the motivation of the dream is concerned with the problems arising from the family conflict.

One of the characteristics of his relations with his father had been the latter's remoteness. Between father and son the atmosphere was one of constraint. Nevertheless, Joachim knew his father loved him and was proud of his scholastic successes. No doubt he was ill at ease with his

son and worried by the idea of taking him from his mother. It was for him to take the first steps.

In the same way the analyst, according to Joachim, suffered from professional reserve. Joachim makes Sabine tell him that the analyst likes him very much; the father of Jean X (who replaces the analyst in the dream), has told him that his son is very fond of him. The day will come when, analysis over, normal social relations will be established between analyst and analysand.

Turning to the mother, we have seen that she had definitely taken the lead over the father in the direction of family life and the education of Joachim.

In 1939, at the very beginning of analysis, Joachim had wanted his mother to meet the analyst, but he had abandoned the idea. She had expressed doubts about the efficacy of psycho-analysis: there was no apparatus, explains Joachim, to inspire confidence.

We have seen with what intensity, on the other hand, he had wanted Sabine to meet the analyst, partly so as to impose a living buffer between himself and the analyst, but also in order to have the analyst approved by the fiancée and the fiancée by the analyst.

From all this it may be concluded that Joachim had sought unconsciously to reduce the insecurity which in his childhood had been bound up with the conflict and lack of balance between the parental couple. He had found himself caught between the repression exerted by a *mère castratrice*, and the indifference of the castrated father. It is possible that the unknown couple in the dream represented the parental couple.

After the departure of his cousin, Joachim discussed this experiment, whose success had by far surpassed his expectations. The only anxiety which emerged was connected with the explosion of jealousy, which seemed to him a threat to his future happiness. So much so that the session which followed became a sort of recapitulation of his experiences of jealousy.

In his relations with Sabine, his emotion of jealousy had attached itself to the fact that when they kissed on the mouth she had passed her tongue over his lips and between his teeth. Rationalizing, he wondered whether this was her invention or the repetition of a gesture she had learned with another man. He had had to resist a temptation to ask her if she had already been in the arms of another. Now he himself had experimented with this kind of contact in his homosexual relations, and although the patient had not himself formulated this connection, we may recall here that his homosexual relations had been dominated by the act of fellatio. Thus the traumatic action of this gesture of passing the tongue between the teeth is probably connected with a specific homosexual motivation.

In his homosexual passions jealousy had played a great part, and he had experienced it to such a degree that he would ask himself how a particular object of his passion could be so long-suffering.

In his childhood he had at times been envious of purchases that his mother had made for his sisters. But his jealousy had crystallized around the person of his favourite sister, and in two forms: first, in the form of brotherly rivalry with the imaginary ' little brother Roland ', prototype of the narcissistic choice, or with other, real, children; and later, on the marriage of his sister, in an Œdipal form and with all the ambiguity involved in jealousy and the Œdipus complex. It is interesting to quote his own words: ' I was more or less jealous for my big sister when she married. I was small. I loved Jeanne. My brother-in-law took her from me. I could not bear him, he was cold, distant, a stranger. He did not spoil me. He might have paid me some attention. I reproached him for not knowing how to spoil me. There was nothing for me, only for my sister Jeanne.' A frustration which obviously repeated the frustration by his father. His sisters had often told Joachim that when they themselves were small, before he was born, their father had been very affectionate—a further motive for deploring his situation of boy and last-born.

On a still deeper level, his jealousy was connected with oral frustration by the mother. Analytical investigation, corroborated by the testimony of his mother, disclosed a sudden weaning at the age of four months because of a skin disease connected with feeding, the so-called ' *croûte de lait*,' a kind of eczema. This frustration, as in other cases we have noted, was aggravated by the immobilization and swaddling of the child. All these unfortunate events lasted some weeks. These facts, together with other materials which we cannot set out here, give reason to think that to these distant origins must be traced the sadistic oral fixation, which showed itself in this session in the form of fantasies:

' All of a sudden I think of myself as a little baby. I see my mother's two breasts. I feel a sort of jealousy of the breast that I am not sucking.' Thus all enjoyment becomes a frustration, since it implies a choice and a giving up. Defence against frustration inspired a compulsion towards accumulation and provision, and a tendency to hasten the exhaustion of a stock so as to be able to start a new one. The ideal would have been to use all the packets of chalk at the same time, or to suck from both breasts at once, or to have everything at once—' leave no share for others, have everything for myself '—and lastly, to be homosexual and to have a woman just the same.

These data bring us back to the episode of jealousy which we have related. Joachim's defence mechanism did not wish him to take his jealousy seriously. ' I thought it was psychoanalytical, outside real life. Perhaps it's more serious than that.'

Joachim came to realize that he had wanted this meeting much more deeply than the circumstances warranted. Once the meeting was achieved, he had expressed to his fiancée sentiments favourable to the analyst, praising him: ' My behaviour seems to me paradoxical, I am pushing her into your arms, only to be jealous when she is there.'

IV. Relation between Homosexuality and Jealousy

Within the limits of this paper we are obliged to neglect many aspects of this case. If, however, we attempt to unravel from this fragment of analysis some theoretical considerations, it appears that this episode of jealousy can be considered both as a progress and as a resistance, precisely because it expresses the conflict between the tendencies involved.

The jealous emotions we have described were conditioned by a heterosexual approach and a true triangular situation, and therefore a diminution of the distress of castration linked to the *horror feminae*, with a strengthening of heterosexual tendencies. But the oncoming of heterosexual relations could not fail to arouse distress afresh, except in so far as the defence mechanism intervened. The situation was thus destined to mobilize the essential constituents of his sexual behaviour. The jealous episode takes on, therefore, a particular importance in the study of the case. From the therapeutic point of view it marks a decisive turn in the evolution of the case, where the subject inscribes in reality a progress so far merely theoretical. From the technical point of view, the patient was probably right in suspecting that these events might hasten the complication of his problems, just as contact of the patient with the phobic situation does in phobic cases. Let us add that the test of reality, which is often a source of technical difficulties in the treatment of psycho-sexual troubles, was resolved in favourable conditions, which gave rise to no major difficulties, either æsthetic or moral.

From the theoretical point of view, we must ask if one is justified in considering the development of jealousy as corresponding to a rejection of homosexuality with a therapeutic indication. Subject to certain reserves, it is permissible to consider jealousy as the neurotic negative of the homosexual perversion. It was interesting, therefore, to demonstrate in a homosexual turning towards heterosexuality the intermediate occurrence of a ' normal ' jealousy—normal in the sense that the object was a woman and the rival a man. And it is tempting to consider this jealousy as an effort towards a cure (Joachim trying to play his part as a man). One may say at the very least that the jealousy attested to an entirely new competition between the homosexual tendencies and a reviving heterosexuality.

This view is, however, only partly correct, and only in so far as the genesis of the jealousy demanded a reinforcement of heterosexual tendencies. From another point of view, the jealousy must be considered as a resistance, that is, a specific obstacle to the analysis of the homosexuality.

To consider jealousy as a sign of progress would be correct only if the term ' homosexuality ' could be understood in a simple and comprehensive manner. In this case we should perhaps be entitled to say that jealousy had functioned as a defence against homosexuality. But the precise meaning of the homosexuality must be indicated, on the plane both of outward behaviour and unconscious motivation.

In the realm of external behaviour, what Joachim had sought in his homosexual practices was anything which might seem to make him a man, by means of identification with the partner, by the magical action of seeing, of touching, of fellatio, of the absorption of the sperm and fantasies of cutting of the penis. In pursuing these sexual aims he had the impression not only of becoming virile, but also of being active, and this in fact he was since he kept all initiative all the time, and only rarely, and not without

fear of castration, abandoned himself to a passive attitude, seeking his enjoyment on these occasions entirely in self-masturbation. We say ' the impression of being active ', for after all the sucking of his partner's penis and the absorption of the sperm involved a female position of submitting to penetration, and as Simmel, we believe, has said, there are cases where it must be admitted that the anus begins at the mouth. Thus as regards both the object and the aims of his sexual behaviour, this virilization remained profoundly narcissistic.

What Joachim did not want was passive homosexuality, which was syncretically linked to castration. The idea of submitting to anal coitus he regarded not only without enthusiasm but at times with horror. On the social plane, he was hurt by everything that made him dependent and submissive. From the beginning to the end of analysis he continued to protest against the castrating effect of his mother, whom he evoked at times under the picturesque and legendary form of ' Mère Trousse-Pans '.

And in fact the further progress of the investigations was connected mainly with the rigorous analysis of the transfer of his homosexual fixation to the father, a transfer the more obscure in that its object and aims gave it an appearance very different from that which his sexual behaviour had borne. The transfer thus took on at certain moments the form of a paralysing and persecuting possession by a fierce dark man, who in a sense established himself in the body of the patient.

His jealousy was directed, therefore, not against his external homosexual behaviour, that is, the pseudo-active homosexuality whose aim was a revirilization at once narcissistic and illusory, but against the unconscious homosexual motivation, that is, against passive homosexuality and the danger of castration. The defence against the unconscious progress of the passive homosexual transfer had partially motivated the marriage project. In its turn the pressure of the present situation, and his heterosexual urges, had made his passive homosexuality more urgent, not only as a defence, a position of retreat to which the danger of castration by the woman sent him ' ricochetting ', but also as a phase of femininity which was necessary in order for him to identify himself with his father and bear himself as a man towards a woman. We have noted the patient's need of participation and approval by the analyst; he must hand him over a woman, if necessary after having tried her himself. He must approve the woman but also be approved by her.

In the same way, when Joachim spoke of his education, he often complained at the way his mother had kept him in leading strings instead of launching him out into the world; and said that she had morally annihilated his father. He had day-dreamed that his father took notice of him, and in particular that he showed him how to mount and train horses. We are obviously face to face with one of those cases where submission and obedience to the father have as their aim the right to take his place. The significance of the unconscious homosexuality was therefore not basically different from that of the outward homosexual behaviour except that the distress of castration had led the patient to dismiss from his outward behaviour anything which might recall passivity.

Thus this episode of jealousy, far from signifying the rejection of homosexuality, was a precious indication of the homosexual transfer and the defence against it, and made it possible for analysis to engage in deeper layers with more decisive operations in view.

Summary

This communication forms part of more extensive researches on the psycho-analysis of jealousy. It is based on a fragment of the analysis of a case of male homosexuality with impotence which was treated successfully. In the course of treatment, when the patient made his first efforts at heterosexuality, he showed a state of jealousy, brief but violent, and normal in so far as the sex of the partner and rival (the psycho-analyst) are concerned. The problem is to determine the significance of this state of jealousy; whether it should be considered as constituting therapeutic progress, the rejection of homosexuality, or as a resistance against the transfer of a passive homosexuality, deeper and more firmly rooted than the ' pseudo-active ' homosexuality of external behaviour.

Discussion of the material, and the development of analysis, proved that the first interpretation, though not false, was the more superficial. The second was more profound and fruitful: the pseudo-active homosexual practices, the marriage project, the jealousy, were the avatars of a defence directed principally against a passive homosexual fixation on the father, which itself had been determined in part by the paternal neglect in the education of the patient.

SCHREBER'S HALLUCINATIONS ABOUT THE 'LITTLE MEN' [1]

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In his autobiography, *Memoirs of a Neurotic*, Schreber describes how, in the beginning of his psychosis about March of 1894, he was aware of ' little men ', tiny figures of human shape but only a few millimetres in size, coming down upon his head and leading a brief existence there.

Before entering into a discussion of this peculiar phenomenon, I shall first acquaint you with certain facts which are needed for the understanding of these hallucinations. The pre-psychotic period, which is the period in which Schreber had already changed considerably but without yet showing any delusions or hallucinations, is of very great importance. At one time during this period, when Schreber was in a state between waking and sleeping, the thought occurred to him how wonderful it would be to be a woman submitting to intercourse. All the symptoms which Schreber showed during the pre-psychotic period had the task of warding off the danger contained in the idea that being a woman submitting to intercourse would lead to sexual orgasms. Schreber's defences against this idea contained the anticipation of this danger. They failed when in one night he had six emissions. Immediately thereafter his psychosis began.

It was Schreber's delusion that a conspiracy had been formed against him by Professor Flechsig, the object of this conspiracy being the murder of Schreber's soul. In the event of the conspiracy being successful, Schreber would lose his soul to Flechsig, and his body too would be abused by Flechsig, or by the male nurses in Flechsig's clinic, as a kind of prostitute, and thereafter abandoned and left to decompose. Analysis of this delusion reveals that Schreber was sexually aroused by Flechsig and by the male nurses. The attempt at murdering his soul means that Schreber, in his excitement, felt the temptation to masturbate, with the accompanying thought that he was a woman being sexually abused by Flechsig or by the male nurses. If Schreber were to yield to this temptation, not only would he lose his soul but his body too would be destroyed.

Schreber was successful in warding off Flechsig's attempts. In the process of doing so, he tried to establish a contact with God. After a struggle of two years, signs of femininity in his body induced Schreber to accept the idea that at some time in the future he would be transformed into a woman in order to become the wife of God. His acceptance of this idea marked a turning-point in his illness. From that time forward he began to masturbate, imagining, while fondling himself, that he was a woman with voluptuous feelings. It was necessary to offer God this picture of himself, for otherwise God would turn away from him. A conspicuous fact is that his masturbation did not result in erections or emissions. The danger that his penis might react no longer existed !

Schreber was therefore able to accept transformation into a woman at the time that he succeeded in suppressing his erections.

During his psychosis two types of masturbation played a rôle.

One type of masturbation Schreber warded off, for fear that it would lead to penis activity. His thoughts connected with this type of masturbation were directed towards Flechsig. According to Schreber, if he indulged in masturbation, the end result would be the loss of his penis or even total self-destruction.

The other type of masturbation centred around the thought of God. In this type penis activity was excluded, and therefore no threat to his genitals existed. This type of masturbation Schreber considered a desirable one, but he was able to practise it only after a period of two years.

[1] Paper read at the 16th International Psycho-Analytical Congress, Zürich, August, 1949.

We may ask ourselves how Schreber succeeded in preventing the outbreak of genital activity during the first part of his psychosis when he was not yet able to suppress his erections completely during sexual excitement. He succeeded through the formation of various symptoms. As an example, I shall take Schreber's hallucinations about the 'little men'. To quote Schreber's own words: 'It has already been mentioned that because of my steadily increasing nervousness and thereby enhanced powers of attraction, an ever-increasing number of deceased souls felt themselves drawn to me. Primarily these were always ones who had retained a special interest in me that carried over from personal relationships during life. Finally the souls evaporated upon my head or in my body. The process frequently resulted in the souls concerned leading a brief existence upon my head as so-called "little men"—tiny figures of human shape, but only a few millimetres in size, perhaps—and after a while disappearing altogether. I assume that these souls, which at the time of their first approach were perhaps still composed of a great many nerves and therefore still possessed a fairly strong consciousness of their identity, paid for each approach with the loss of a part of their nerves to my body by virtue of the attraction.[2] In the end they consisted, I suppose, of only a single nerve, which then assumed the shape of a "little man", in the above-mentioned sense, as the last form of existence of the souls concerned, prior to their complete disappearance, on the basis of a miraculous, not further explicable connection. . . .

'Simultaneously, very frequently the stars or constellations which served as the place of origin of the souls or "from which they hung" were named to me; they were names which in part agreed with the usual astronomical terminology and in part did not. Thus, among the names mentioned especially frequently were Cassiopeia, Vega, Capella, and a star "Gemma" (I do not know whether this latter corresponds to any astronomical terminology); further, the Crucians (perhaps the Southern Cross?), the Firmament, and many others. There were nights in which the souls like "little men" by the hundred, if not by the thousand, on to my head, so to say, dripped down. I always warned the souls of the danger of approaching me, because, from previous experience, I was conscious, every time, of the limitless attraction exerted by my nerves, whereas the souls would first consider such a menacing attraction incredible. . . .'

Let us attempt to analyse Schreber's statement. The picture of his increasing nervousness exerting more and more of an attraction on the souls is a projection of the fact that Schreber felt himself increasingly drawn to other men and that these homosexual feelings greatly excited him. These souls assumed the shape of tiny human beings, thereby representing what remained of men who had died and who, according to Schreber, still retained a special interest in him based upon a personal relationship during life. Here again we meet with a projection. It was Schreber who still retained, from his normal days, a personal interest in these men, and the tiny creatures symbolized his friends, who continued to incite in him homosexual longings.

It is significant that the place of origin of these little creatures is the stars. In another chapter of his autobiography Schreber mentions that the sun and the stars are God's organs through which, for instance, He could impregnate Schreber. It is therefore easy to see that in this connection the stars represent the male genitals of God.

In a brief article which I have written on Schreber's loss of the world,[3] I have tried to make clear that Schreber's God represents parts of Schreber himself and therefore God's male organs symbolize Schreber's own genitals. Accordingly the 'little men' descending from the stars may be interpreted as spermatozoa. Having accumulated this knowledge, we are now in a position to interpret Schreber's statement that there were nights when the 'little men' dripped down on to his head by the hundreds, if not by the thousands. Clearly this description is symbolic of a nocturnal emission. The primary process made possible the condensation through which the 'little men' represented not only the men to whom Schreber felt himself still attracted but also his own spermatozoa. In this connection death refers both to spermatozoa in a nocturnal emission and to these men. Schreber's warning to the 'little men' not to approach him because, through the attraction which he exerted, the

[2] i.e. the attraction which Schreber exerted on them.
[3] M. Katan: 'Schreber's Delusion of the End of the World'. *Psychoanal. Quarterly*, **18**, 1949.

'little men' would end their lives upon his head, is a projection of his own warning to himself of the danger involved in his own sexual excitement, from which he feared destruction.

Let us remember that only a short time before the development of his hallucinations, Schreber became so aroused by the men surrounding him at the clinic that he had a nocturnal outburst of six emissions. The danger represented by this orgy forced him to sever his ties with reality.

In Schreber's hallucinations, in which nocturnal emissions are symbolically represented, Schreber felt himself no longer threatened by destruction. Rather, the men to whom he felt a feminine attraction died. Furthermore, in these hallucinations the element of sexual excitement is completely lacking. Only a few weeks before (in the period of the pre-psychosis), thoughts about these other men would have aroused in Schreber intense homosexual feelings.

One point now becomes clear. At the basis of Schreber's hallucinations are thoughts about other men, and we find that exactly the same kind of thoughts occur in the pre-psychotic period. In this pre-psychotic period a contact with reality still exists, and therefore the hallucinations have their origin in a part of the personality which still maintains contact with reality. From then on, the hallucinatory process takes a different course from that of the pre-psychotic process. In the pre-psychotic period, Schreber's homosexual thoughts lead to direct sexual excitement. The process of the hallucination does not wait until such excitement develops, but an interference takes place and the hallucination occurs instead of the excitement. The danger connected with the excitement is anticipated and is successfully prevented through the formation of the hallucination. In the hallucination sexual excitement does not occur at all, and instead of the idea of Schreber perishing, we find the idea of the other men losing their lives.

This point affords us further insight. The death of these men represents the fulfilment of Schreber's wish that they should die. He desired their death in order to ward off his homosexual attachment to them, for if they were dead, the danger would no longer arise. Under prepsychotic conditions, when Schreber was still in contact with reality, he was unable to free himself from his homosexual desires. However, the hallucination made it possible for him to do so. The content of the hallucination deals not only with the homosexual urge and the danger resulting from it, but also with the defence against this urge. Thus we see that all the factors constituting the prepsychotic conflict have become conscious in the psychotic manifestation.

What is the structure of the hallucination? This question cannot be answered without first giving a description of the structure of the delusion. You will understand that in the time permitted, it is not possible for me to give more than a brief outline of this difficult subject.[4]

Let us take as an example the delusion of persecution: a father figure persecutes the patient with homosexual intentions. In the pre-psychotic period (and what I am about to say is true in every case of schizophrenia) the patient has a feminine attachment to the father figure which can no longer be warded off by reality means. Therefore, in order that the patient may escape the conflict, the connection with reality is severed and a delusion is developed in which the homosexual attachment is projected.

Two explanations of this delusion are possible:

A. In order to keep his own homosexual feelings repressed, the patient accuses the other person of having homosexual intentions toward him (= the patient). Such a mechanism belongs to the group of denials: e.g. not I, but the other person is a homosexual.

In this mechanism a strong connection with reality exists, for it is reality which compels the ego to repress its homosexual urge.

In my opinion, this mechanism is *not* responsible for delusion formation, for it does not enable us to differentiate between a neurotic symptom and a delusion.

B. The second explanation differs completely from the first. Again the projection mechanism is in the centre, but the conflict between ego and unconscious homosexual urge has now been changed by projection into a conflict between ego and persecutor. What was originally id in the pre-psychotic period, has now been externalized and has become outer-world. The structure between ego and id is abandoned in that part of the personality which is affected

[4] See M. Katan: 'Structural Aspect of a Case of Schizophrenia'. *The Psychoanalytic Study of the Child*, 5, 1950.

by the psychosis. This fact explains why many psychotic patients give the impression that the unconscious has become conscious.

The outer-world now consists of parts which originally belonged to the patient's own personality. When the connection with the outer-world is severed, the cathexis of ideas representing reality is withdrawn within the personality. Ego development, in its early stages, goes hand in hand with differentiation between one's own self and the outer-world. The abandonment of reality means regression to a beginning state in which ego and id are no longer differentiated.

The attempt at restitution then creates a new 'psychotic' ego, as well as a new psychotic outer-world. The conflict arising from the urge toward femininity in the pre-psychotic period cannot be mastered by reality means and therefore finds a solution through delusion formation.

How much of this second explanation of the delusion can be applied to the structure of the hallucination?

The hallucination belongs to the order of the delusions. The hallucination therefore must have the same structure as the delusion. A conflict which cannot be mastered on a reality basis finds a solution in an unrealistic way in a hallucination.

Let us return now to the example under consideration. Homosexual thoughts about male friends were a threat to Schreber because such thoughts could lead to sexual orgasms. Accordingly the ego attempts to anticipate the danger by acting as if the danger were already present.

What next happens is a regression in which both the ego and the id cathexes of the representations connected with the danger situation are withdrawn; i.e. in the affected part of the personality regression has reached the undifferentiated state. The genital apparatus is now completely isolated because its contact with the rest of the personality has been interrupted. The organic process which would normally lead to orgasms and emissions is therefore blocked in its further development. The danger which threatened has been prevented. The attempt at restitution then uses the withdrawn energy in creating the hallucination. We have already seen, from the content of the hallucination, that Schreber warded off the danger by having the men die who had previously attracted him. In his pre-psychotic state, prevention of the danger was impossible. Thus we see again confirmation of the fact that mechanism and content are both engaged in the solution of the same problem and are supplementing each other. This idea was expressed many years ago in a stimulating article by Robert Waelder.[5]

What is the difference between the delusion proper and the hallucination? This question can be answered by keeping in mind the danger situation.

The hallucination is an observation which serves the purpose of anticipating in a psychotic manner the threatening danger. In the delusion, on the other hand, the danger cannot be avoided, for it has already developed its results. The delusion, therefore, does not anticipate the danger, but masters the danger only afterwards through an attempt at restitution.

[5] Waelder, Robert: 'The Principle of Multiple Function'. *Psychoanal. Quarterly*, **5**, 1936.

CHILDREN'S INTERPRETATION AND REACTION TO THE UNCONSCIOUS OF THEIR MOTHERS [1]

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In this paper I shall attempt to demonstrate with material from the simultaneous analyses of severely disturbed children and their mothers that the symptoms of these children represented their responses to their mother's unconscious wishes. Neurotic reactions, as well as strangely eruptic behaviour (to all outward appearances psychotic), could be understood as an unconscious answer to an unconscious wish of the mother for the child to act in this particular way. Neither mother nor child was aware of the underlying unconscious motivations.

This phenomenon, the production of neurotic behaviour or illness in the child, in response to the ' unconscious ' of the mother, could impress one as a process brought about by telepathy or thought transference. Close analytic observation of mother and child, however, made it possible to explain these phenomena psychologically as the carrying out by the child of an unconscious wish of the mother. This wish was transmitted to the child by some clues in the mother's demeanour to which the children in my cases showed great sensitivity.

We know that between mother and child there exists a kind of pre-verbal communication and that infants are aware of changes in facial expression, shades in voice-tone of their mothers, etc. In a moving picture, M. Fries demonstrated the infant's extraordinary sensitivity to the mother's feelings, of which the mother herself may be unaware, but which are perceived by the infant, e.g. in the way he is being held by his mother. Where the mother, owing to her own emotional arrest, has an exaggerated need to keep her child in a highly dependent state, this sensitivity is maintained by the child in dealing with his mother. It is as though the child were in a prolonged infancy and continued to communicate with the mother in this primitive way. The wishes of such mothers have to be carried out because the child has not been allowed to sever its dependent ties in normal growth and because the often intense mental cruelty of the mother (evidenced openly or in the ambivalent attitude) makes it mandatory that the child carry out her unconscious wishes. The child in such a case very often does not react to the manifest content of the mother's verbalizations which seem appropriate to the situation, but reacts instead to its unconscious intent. I should like to illustrate this with some case material.

A very inhibited mother had unconsciously identified herself with her five-year-old daughter, Laura, whom she used for the vicarious satisfaction of her own inhibited, sadistic impulses. Laura had a difficult time with the children in kindergarten because of her provocative behaviour. Actually she liked these children and wanted to be friends with them but antagonized them upon unconscious instigation by the mother. As a result they called her ' naughty Laura ' and reported her to the teachers, etc. The mother herself had always been a model child. One day Laura behaved very badly towards the maternal grandmother and her mother's only sister, saying hateful things to them. This was very unusual, because Laura, her grandmother's favourite, had always treated her with affection. The mother, who in her analysis was just then beginning to become conscious of her hatred towards her mother and sister, was very much startled and believed Laura to be reading her mind. When she reproached the child for her behaviour, Laura said, ' But you hate them and you really wanted me to tell them this.' For the mother, this only confirmed Laura's telepathic abilities. But when she asked her, ' What makes you say this ? ' and Laura casually answered, ' I heard you talk to them on the telephone, mummy, and I could hear that you hated them,' the mother suddenly

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understood how her own unconscious reflected itself in her daughter's behaviour.

I should like to report two episodes from the analyses of a mother and her four-year-old daughter, Ann, who suffered from a severe phobia and psychosomatic symptoms.

Ann had been a feeding problem since birth. At four years she was still on a liquid diet—a formula elaborately prepared and fed to her by her mother. Up to the time when treatment started, there had not been a single meal without retching and vomiting. Ann had, since infancy, also suffered from periodical diarrhœa and abdominal cramps. At three years of age she suddenly developed a phobia. She would not let her mother out of sight, refusing to stay with anyone else, even with her father or nursemaid. In the analysis of the mother it was revealed that she had an extreme need for complete control over the child. This was a result of her own unconscious dependence stemming from her relationship with her own mother. After Ann's mother had gained insight into her behaviour and was able to relinquish her hold upon the child to some extent, Ann stopped vomiting and clinging to her. In her play-analysis at the same time, Ann had been acting out her fears connected with growing away from her mother and becoming independent.

Suddenly she relapsed into her old symptoms without any apparent reason. In the analysis of her mother it was learned that Ann's relapse had set in on the morning after the mother had visited her gynæcologist for a check-up. On the way home from the doctor the mother had the fleeting thought that Ann might have a recurrence of her phobia, because she remembered that Ann's phobia had originally started almost one and a half years ago, on the day after she had visited the same doctor. At that time he had advised her against another pregnancy because of a gynæcological condition. With the mother's understanding and resolution of her unconscious wish for Ann to cling to her and to remain an infant for ever, Ann's symptoms disappeared as suddenly as they had set in. It was an instructive experience for the mother to find that the next morning when she casually said to Ann, ' I am going shopping now and the maid will dress you and take you out,' Ann accepted this very pleasantly, while the day before she had clung to her mother hysterically, vomited and complained about cramps at any attempt of the mother to leave the house.

Ann also suffered from car-sickness to the degree that she would not ride in the car at all. The car-sickness had set in suddenly together with the phobia when Ann was three years old. She had become so frightened then that she screamed when she approached the car. In the analysis of the mother, it was learned that at the time Ann's car-sickness had started, the mother had been extremely apprehensive with Ann in the car, continually asking her whether she felt nausea, wanted to vomit and the like, and that this behaviour had been due to her unconscious wish to prevent Ann from riding in the car and thus excluding any possibility of Ann's having an automobile accident. The mother's unconscious wish for Ann not to be able to ride in the car had been transmitted to the child through her anxiety. After the mother had worked this through in her analysis (the car-sickness had not been discussed with Ann at all), Ann was able to ride in the car without any symptoms. In fact she enjoyed going on long rides with her father and it took a good deal more work with the mother to help her accept Ann's growing independence.

It would seem to me of interest to report some fragments from the analyses of a manic-depressive mother and her five-year-old son, referred for treatment because of his psychotic-like behaviour. Both mother and child were highly intelligent and capable of fine psychological understanding and both were in analysis for over three years.

In the analysis of the mother it was revealed that, unconsciously, her son represented to her her brother, born when she was five years old and killed in an accident when she was twenty-eight. After her brother's death she experienced a manic phase and decided to have a child to make up to her mother. Paul was born prematurely—almost exactly on the day of her brother's death anniversary—and was named after her brother. Up to the age of two and a half, while being raised by a nursemaid, his behaviour was not conspicuous. When the mother suddenly discharged the maid and took care of him, Paul, who had been toilet-trained, began to wet and soil himself and become very spiteful and difficult to manage. He became more and more destructive, with unpredictable outbursts. One day when he was about four and a half years of age whilst his mother was talking on the telephone and so presumably did not notice, Paul swallowed ten thyroid tablets. This happened shortly before his mother

decided to accept referral for treatment of him. The physician whom she called several hours later, when Paul was in a highly agitated state, as much as accused her of intentions of murder.

In her analysis the mother remembered that at about the age of six she herself had attempted suicide by drinking a poisonous liquid and was saved only because she was given immediate aid. That Paul had complied with his mother's unconscious wish to kill him was substantiated in later analysis. Only then his reaction was somewhat different. One evening when Paul was already in bed he asked his mother for a drink. She went into the kitchen, where she could not make up her mind what to give him—plain water, milk or cherry soda, and so she came back carrying three glasses. Paul looked at his mother and then at the three glasses. He drank the plain water. She felt very uncomfortable afterwards—she was alone with him as his father was away on a business trip—and she decided to visit a neighbour after Paul fell asleep. While sitting there she suddenly recognized the reason for her discomfort—she was afraid to be alone with Paul because of her wish to harm him. At times such impulses would intrude into her consciousness in the form of obsessional thoughts, e.g. when she once bought a very large tea-kettle she found herself thinking that it could hold enough water to scald Paul. (Incidentally her brother had been burned to death.)

Whenever Paul's father was away on business trips, Paul became especially destructive and provocative at home. In his play analysis at such times he would play the game, ' The Witches have come back from Witches' Land '. He resorted to much magic and day dreaming, and yet in spite of the supernatural powers which he attributed to himself his feeling was that he could not win out against the witches. His behaviour could be understood as compensatory to an overwhelming feeling of helplessness and fear of his mother's sadism. He was extraordinarily sensitive to her facial expressions, which were not at all in keeping with what she was saying, and the shades in the tone of her voice. This was brought out on innumerable occasions. At a later phase in his analysis, when he was able to express this awareness openly (instead of acting it out) he would sometimes say, ' This is the angry face you make ', and like a mirror he reflected her mannerisms, of which she herself was completely unaware—the hanging lip, or the way in which she chewed the inside of her cheeks, the lip biting, finger pointing and cracking, etc. Just when Paul, who had started to attend a private school and had begun to feel more secure there, was walking to school by himself and playing with the children in the street, the mother made a swift decision to buy a private home out of the school district and in a neighbourhood where there were no playmates for Paul. She rationalized that she did it for Paul so that he could be happier with a basement and a garden to himself. In her analysis she could understand that she had acted out her vengeance on Paul and me, because I had prevented her from leaving her husband and thus taking Paul away from his father. There was a period then during which Paul refused to go to school. This was overcome through work with the mother by making her sufficiently aware that she did not want him to go, although consciously she was over-anxious for him to go. Paul himself had rationalized his behaviour by telling me a story about a famous American writer who had never gone to school at all but had always stayed at home with his mother. Incidentally, his mother had told him this story. It was obvious that Paul understood his mother's motives, and, although he rebelled against them consciously, unconsciously he still felt compelled to comply with them. One day when she reproached him for hanging on to her and for not having any friends, he said, ' If you really wanted me to have friends, why did you move away from X ?'

Once Paul threw roller skates out of the window of the car, while his mother was driving. ' I don't know why I did it,' he told me with a grin. ' I guess Dilly Dan pushed me.' Dilly Dan was a fictitious character whom Paul had introduced into the play analysis. According to Paul, Dilly Dan was a naughty little boy who pushed Paul into acting explosively. In her analysis, however, the mother could recognize that she had wanted Paul to behave destructively in order to show him up to his father and the little girl with whom Paul had been trying to make friends and who were present in the car. Similarly, when the director of the school and Paul's teacher came for dinner one evening, Paul broke most of the glasses and china, wildly throwing all the pots and pans out of the dish closet. His mother watched the spectacle without interfering, rationalizing her non-interference to her flabbergasted onlookers by saying that she did not want to hinder Paul because she

felt that he should be allowed to ' express himself freely '. In the analysis she understood that actually she had wanted him to carry on in this way because the director and his teacher liked him and because she did not want him to remain in this school.

She was extremely jealous of the relationship between Paul and his father, which unconsciously reminded her of her brother's relationship to her father. She therefore resented her husband's minding of Paul in the morning and insisted that it be left to her. There were scenes in the morning after Paul refused to get out of bed and wash and dress himself, when she felt that only by using force could she manage him. He would then mess and spill, smear toothpaste over the mirror, play with the razor blades, stuff the soap and towels into the toilet and bath-tub.

One day the following incident occurred: Paul, in the bathroom, urinated at his mother, who stood there and did nothing, but when he flooded the bathroom, she got furious and beat him severely, shaking and cursing him. He said to her, ' Why didn't you stop me? ' And when his mother remained silent, he continued, ' You really want me to do these things or you could stop me.' This behaviour of the mother was very reminiscent of the early part of his treatment, when Paul, who had been very amiable in the play session, as soon as he came into the waiting-room and saw his mother, would become very wild, and sometimes would spit into his mother's face. On such occasions, she sat there with a frozen smile and did nothing to stop him. (This was left to the analyst.) Her fury came out later, when there was no apparent reason, and then Paul would say to her, ' But this doesn't call for so much anger.'

In the analysis she remembered that whenever her little brother had been left in her care, he used to be very difficult and destructive, but when he was left with the neighbours, they would tell her mother what a nice boy he was. Recognition of her need to force Paul, and its origin, enabled her to gain some control over it, and resulted in a very remarkable change in Paul's behaviour. He got up in the mornings, dressed all by himself, was cheerful and co-operative, so that one day his mother remarked to me, ' I never gave him a chance before.'

At a later phase of their analysis—Paul had made considerable progress by then—his class one day put on a play in which Paul took part for the first time. He had played his rôle expertly and his mother praised him very much. That evening when she asked him to do something, Paul stalled and took refuge on his bed. She felt herself becoming impatient when she said, ' Come on now, get off that bed and do what has to be done.'

' I will not,' he replied. ' If I get off this bed, you'll beat me and slap me and hurt me.'

' Why, Paul? Whatever makes you say that? ' she asked.

' Oh, *you* know,' he said. ' You have been furious with me ever since I was so good in the play this morning.'

In the analysis of the mother that same morning, it had been brought out that although she had felt very proud of Paul, unconsciously she had resented his success, which, because she still identified him with her brother, had aroused her profound anger towards him.

Story games which Paul used to play with his mother at a later phase in the analysis reflected the changes in their relationship. In these games the bad mother was dead and he was happy and free, while in the witches' game before, he could never win out despite his magical powers. I should like to report the mother's verbatim account of one of these games and also to add that Paul's seemingly fantastic accusations against the bad mother were basically justified. At the start of his analysis Paul would incessantly play games in which he was tying and locking dolls up. I learned from the mother that Paul had frequently been tied with a rope to his chair in kindergarten and also locked up. Upon advice, the mother had a bolt made to his door and used to lock him up when he displeased her. When he was three and a half years old and once made a bowel movement on the carpet in his room, she got so angry that she stuck his face into it. Her cleaning woman at that time had said to her, ' You are not a mother or you couldn't do that.'

This is the account of one of their games:

PAUL: I must be a boy who has just come here to live with you. I must be very happy. Tell me a name that means very happy.

MOTHER: Felix. That's French and it means happy.

PAUL: Okay. I'm Felix. You see the reason I came to live with you here is that my mother died—and my house is all empty—and I had to find somewhere to live and so I came to live with you.

MOTHER: Well, we'll be very happy to have you, I'm sure. My son Paul has always wanted to have a brother like you and I'm sure he'll be delighted.

PAUL: Okay. My mother died. She was a terrible woman. She was a Fascist. In fact, she was a friend of Hitler's. If she hadn't died, I'd have killed her anyway. She was cruel to men. She never wanted to let them live. She killed my father. And she wanted to kill me.

MOTHER: Why, Felix, she sounds frightful. What dreadful things could she have done to you to make you feel this way about her?

PAUL: My mother used to torture me. She used to tie me up.

MOTHER: How old were you when she tied you?

PAUL: She always did it to me. She also locked me into my room. And she took everything away from me that I liked. She even didn't want to let me go to school.

MOTHER: Well, now you will see the fine school my son Paul goes to; he goes to X—— school.

PAUL: Yeah, she didn't want *me* to go to that school. But let me tell you something. I'm strong. I could have killed her many times, but I didn't want to. Now that she's dead, I'm having her jewel box packed with some of her things and they're going to be sent here to me. Boy, I'm glad she's dead!

DISCUSSION

In ' Dreams and the Occult ', Freud, in discussing telepathy and thought transference, stated that unconscious wishes about to emerge into consciousness are those which are most suited for thought transference. It was my aim to demonstrate that the unconscious and preconscious wishes of the mothers in my cases transmitted themselves to the child through some concrete signs which could be received by the child through ordinary sensory perception (visible, audible or touch).

It would seem to me that in the case of Burlingham, cited by Freud in his paper, in which no psychological explanation could be found for the child's reading his mother's mind as it were, a similar situation may have existed to that in my cases. The child may have been observant of minute indications unconsciously given by the mother. In cases where this close rapport exists, the child may react to apparently insignificant details lost sight of by others.

Children in this type of relationship with their mothers often make observations like paranoids who notice everything and who interpret it in reference to themselves. Exaggerated and distorted as such paranoid productions may appear at first glance, one can, in a study which includes both the child and the mother, detect that the child is not merely reacting to a fantastic image but to a real persecutor, namely his mother. This paranoid quality is especially marked in cases where the mother rejects the child because she unconsciously identified this child with a hated object from childhood (sibling or parent) or with a hated part of herself. For the child in such a situation it is vitally important to observe his mother closely and to employ omnipotence and sadism as his weapons in the struggle with mother. Although these children rebel in the form of behaviour deviations—neurosis, psychosis or psychosomatic illness—at the same time they carry out the unconscious wishes of their mother as if given a command.

Only in simultaneous analytic work with mother and child can this sensitive synchronization be understood and resolved. Treatment of the child alone in such cases does not reveal those forces to which the child is reacting nor does it make growth possible unless the mother can give up her own infantile strivings which are reflected in the child's illness.

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ON CONSUMMATED INCEST

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This paper represents a partial synthesis of a wider study based on the psycho-analytical investigation of cases of consummated incest, with consideration of the conditions leading to this situation and the consequences deriving from it. We say a ' partial synthesis ' since, of the incestuous relations that we have studied, we refer here only to the conclusions derived from the father-daughter relation.

Our findings are based upon prolonged clinical observations, and corroborated by comparisons with characters taken from mythology, history, and literature. In this summary we cannot go into the reasons for the virtual lack of psycho-analytical and anthropological contributions to the subject.

We will begin with the account of an investigation of a typical case.

Susanna started analysis with one of us after a brief treatment with a male analyst, to whom she expressed the wish to proceed with one of her own sex. She complained of states of acute depression and sexual indifference to her husband. She also presented various psychosomatic symptoms such as bronchitis, chronic appendicitis, hæmorrhoids and severe trouble with her teeth which kept her under perpetual dental treatment. She was a slim, good-looking young woman of twenty-six years of age, from a wealthy upper-class family, and could express herself with ease.

Her first words revealed a nymphomaniac compulsion which drove her from one medical consulting-room to another in search of fleeting sexual relations with doctors. She had done and was doing the same thing with her successive music teachers. She was also studying classical dancing, for which she had a special inclination, and showed marked talent for drawing, painting, literature and other artistic sublimations. She had been married for two years, was anxious for a divorce and hoped that analysis would help her in this crisis. Her history showed as a main element an extremely frustrated relationship with the mother. The latter was a cold woman, who had not suckled her daughter, and whose influence had been preponderantly negative. Older than her husband, she showed intense genital and hedonic inhibitions which she projected on her daughter's education. She had made repeated attempts at suicide and often threatened to leave home in her frequent quarrels with her husband, whom she constantly plagued with her jealousy. On the other hand, it was common for them to travel alternately, breaking up the unity of the home. As she devoted much of her time to charity, she left the care of the children in mercenary hands, where they met with little affection, demonstrating also a manifest preference for our patient's only brother, a year and a half her senior.

Susanna was hindered in her social evolution outside the family by the severe restrictions imposed upon her and by the fact that her childhood was spent in various places, so that she was unable to settle down and make friends anywhere. Nearly all her schooling took place at home, and she attended primary school only two years in all. Her brother, whom she used to help as he was very backward in his lessons, was her only companion. At the age of eight she began sexual play with him, consisting of mutual masturbation. At the age of ten, her mother being away on a six-months' trip to Europe, her father took her to sleep with him, and one night she awoke and felt him masturbating her.

When her mother came back, Susanna expected to find her unrecognizably old and ugly, thus projecting her own guilt feelings. When meaning to greet her father at the station, she threw her arms around a stranger's neck, just as later she was to displace the libido bond with her father on to her doctors and teachers. At thirteen, when her father was absent, her

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mother found her one day in harmless conversation with a boy. She was beaten and spat upon and, as punishment, interned in a religious school. Six months later, owing to an infectious disease, she returned home. The patient dates her depressive states from this time. There was already a rather compulsive element in her masturbation, which was accompanied by periods of persistent insomnia.

At seventeen she began superficial relations with a suitor chosen by her mother, but neither she nor her father accepted the candidate, and together they made fun of his fruitless attempts at eroticism, and an intimate bond began to grow up between father and daughter through these amorous confidences. At nineteen she fell in love with a violinist, the conductor of a tea-shop orchestra, a man of more than twice her age, divorced, with children, a person of irregular habits. For three years she kept up an inner struggle until she decided to be deflowered. This took place in the bachelor apartment belonging to her brother, whose girl-friend urged her on to it. Shortly afterwards she fell into an intense depression, and her father, who was still her confidant, but from whom she had withheld this episode, encouraged her in her sexual activities, provided that she did not fall in love. This was his transaction to keep his daughter for himself. Susanna had felt no pleasure; and this first contact, as well as those which followed, had only a frustrating effect. Her intense anxiety continued, but she obtained relative relief from it through masturbation. She gave a full account of everything to her father, who demanded a faithful description of all her doings. On her telling of the anxiety resulting from her relations with the violinist, he advised her to go to a house where he had rendezvous with women and where she could meet men. This she did, only to be the more frustrated. Later her father allowed her to use his own bachelor flat to receive her lovers, for whose services she telephoned to the house already mentioned. In return, Susanna incited her dancing-class companions to have sexual relations with her father. On one occasion she induced a friend who had difficulties in embarking on a sexual life to decide to be deflowered by him. The bond that had been established between father and daughter, through her confessions, through their furtive sexual life in the same surroundings, through the mutual excitation provoked by the ridicule with which she covered her sexual partners, reached its maximum when she offered him her friends, and thereby entered into indirect relations with him, through their intimacies with him and through his intimacies with them. One day when her mother and brother were away in the country, and the conversation had taken its usual erotic turn, her father asked her to caress him. She consented to masturbate him, and finally performed a fellatio. Thenceforward they repeated these experiences, in which Susanna again felt frustrated, and she once more became gravely depressed. An intense hatred for her father, that had been developing along with the intimacy, now reached such a peak that she found her home unbearable and went to live in a boarding-house. Here she met a mother and son of the same nationality as her parents. They exemplified the filial union that she had envied in her mother and brother. The son had interrupted his professional career and lived on his scanty earnings on the margin. He was musically gifted, and this brought him and Susanna together. She married him, since their first sexual experiences made her believe that he satisfied her, but she continued to be economically dependent on her father. But in a dream which she had before the wedding and which was analysed later she would understand some of the deep motives which led her to the marriage. (Dream.) ' My fiancé was coming and he said to me " Take this," showing his genitals. I was thinking: " If I cut them off he will die," but nevertheless, I was going to do it and put them on me.'

Her associations led her to connect her fiancé with her brother, and her intense desire to steal the envied penis of her brother in order to possess her mother. In reality, therefore, she was substituting her brother for her fiancé and her mother for her mother-in-law.

A few months after her marriage, Susanna attempted to go on a tour with some dancing companions, a project of deep homosexual significance to her. Her husband forbade her to go; then her old sexual anxiety began to reappear, with the need to return to her former promiscuity. At that time, however, she found herself pregnant, and as she had doubts about the true paternity of the child, she consulted her husband on the advisability of her continuing pregnancy. He told her to talk it over with her mother-in-law. On her emphatic disapproval, Susanna underwent an abortion, although her father was against it. On failing

in this attempt at identification with her mother, for she had submitted to her substitute, her mother-in-law, Susanna became extremely dependent on the latter. She went away on holiday with her, leaving her husband behind. She lived this situation as a recovery of the mother through identification with her brother, and this growing homosexual intensification drove her to a new period of compulsive masturbation. She tried to canalize this excitation by flirting with most of the inmates of their hotel, until, finally, she fell in love with Daniel. This was a man of intense passivity who lived in the company of homosexuals and regarded himself as one of them. Susanna explained that she loved him because she felt the male towards him. On her return to Buenos Aires, her husband suffered an accident in which he almost lost an arm. Susanna lived this accident as though it were her husband's castration, as though he no longer served as an instrument to connect her with his mother. Moreover, she was alarmed by her nearness to her mother-in-law. Henceforward she felt quite indifferent to him and made up her mind to obtain a divorce. Meanwhile she had renewed sexual relations with her father, which, upon her marriage, had been interrupted for some time. When her mother and brother settled in the country, she began vaginal relations with her father, without ever obtaining an orgasm; relations had previously been confined to fellatio and cunnilingus. On separating from her husband, she moved to an apartment with two bedrooms, one for herself and the other for her parents. At this point her analyst was obliged to make a temporary suspension of the sessions for surgical reasons. Three weeks later the analysis was renewed, but Susanna appeared to enact once again her reiterated experiences of being abandoned by her mother, and after two months more she gave up the treatment.

Let us now try to carry out a synthesis to lead to a more coherent understanding of the process developed from the basic depressive situation and aimed at compensating for the exaggerated maternal frustrations. The meaning of these archaic fixations is clearly seen throughout all her sexual activities, which are of a marked sadistic-cannibalistic character, showing that the fundamental relation with men constituted a repetition of the longed-for and frustrated relations with her mother. She not only indulged in fantasies of biting and masticating the penis at every fellatio, but imagined her teeth biting into the abdomen or neck of her sexual partner and sucking it dry of blood. Apart from her masturbation, her most frequent sexual activities were fellatio and cunnilingus, both with her father and with the substitutes for him. Only with her father and her husband did she swallow the semen. On leaving the sessions under the excitement produced by the analytical situation, she felt driven to eat meat, and on her way home she would imagine herself chewing a steak. In view of the great number of sexual partners at her disposal, she expressed her indecision as to whom to call on in terms exclusively connected with food. For instance: ' It's just the same as with my meals, I don't know whom to choose to-day.' Her basic depressive anxiety increased with every real loss she suffered, which took on the catastrophic character of her miserable lactation. Thus, when her mother went on a trip to Europe and left her for six months, the first incestuous relation with the father began. Her having previously started sexual play with her brother springs from the same situation—her envy of her brother's position with respect to the mother and an attempt to win for herself the advantage possessed by him with which to obtain the mother. The lack of identification with the mother prevented her ego from making a better elaboration of the incestuous situation. But as her sexual impulses grew more and more pressing, she fell into a vicious circle in which the oral satisfactions were peremptory and frustrating. Her genital activity was partly blocked because a sufficient quantity of energy had not been accumulated to provoke its development from the oral-sadistic fixation. But the essential reason lay in the incestuous character of her objects, which were admitted in accordance with the oral incestuous tolerance, but not at other levels. The whole series of substitutions represented by doctors and teachers is to be derived from her relation with her father, who is placed in the position of compensating the oral frustrations inflicted by the mother. Her choosing doctors constitutes a proof of her good adaptation, for in spite of her profound basic disturbances, she did not show psychotic symptoms in her social adjustment. She sought in doctors the pregenital tolerance that society offers. But while a doctor may allow himself most pregenital contacts by means of a transaction in which he represses and hides the corresponding emotions, in Susanna this compromise formation did not

exist, for her behaviour constituted a manic expression which implied the transitory extinction of the super-ego, the instance demanding this transaction.

These attempts at calming the latent homosexual anxiety met with systematic failure. Moreover, she was obliged to inhibit her strong sadistic tendencies in each act because of the alarming intensity of her cannibalism. When she obtained a more complete possession of her father, her depression became more acute for the same reason, and she changed her procedure. She left home because the censure of the super-ego, that had taken over the aggression against the lost object introjected into the ego, had become unbearable. On meeting the mother-son couple in the boarding-house, she married the son, through which procedure she identified herself with a brother-substitute and, on the other hand, saved her father from her own destructive impulses. Her abortion implied her failure to identify herself with her mother, and her husband's accident ended her identification with him as a brother substitute, so that she was thrown back to the primary family situation and separated from her husband. While waiting for her new apartment to be finished, she decided to live in her parents' home. In one of the last episodes that she related, she was lying in bed between her parents. She was helping her mother with her English lessons and secretly masturbating her father who was caressing her legs with his. This situation that she had wished for had become very dangerous, and she tried to take flight in her relation with Daniel, her homosexual lover, as a mask for the basic situation. She substituted him for her mother and identified herself with her father. In reality her father was the one who suckled her where her mother had failed. Hence she left for the country in search of Daniel. In the last session when she fled from the treatment, she showed her panic at the instinctive outbreak of her homosexuality in the transference situation with a woman—a thing she herself had sought. We will now transcribe part of the last session, in which she abandons herself freely to her flow of thoughts, as follows:

' I didn't ring father up to-day or yesterday either. What for? Single words occur to me. Milk . . . cow's milk . . . my bad lactation . . . grapefruit . . . the housemaid . . . knife . . . hot bath . . . grapefruit . . . cut off my father's penis . . . put it on myself . . . f—— my father . . . you, too . . . have a penis . . . be powerful . . . would be bad, a swine, perverse . . . I'd like to set free the beast in me . . . I feel like killing . . . I'd kill my parents . . . I'd cut their throats with a knife . . . feel like tearing someone to pieces . . . kill . . . hit . . . would it be the maid or Daniel? . . . Why do I want to kill them? Because he does me harm? Just because I want to destroy him, that's how he'd give me pleasure. . . to possess him . . . He is my woman, my attitude is a man's. What am I? Physically a woman but in my instincts, my desires, my things, I feel more male than female. I'd like to leave (the session). I want to get away . . . to run . . . I'm afraid of something . . . Something maddens me . . . I want to insult people, curse, break something. . . . If I had a gun, I'd kill that bird of yours that's singing. It bothers me. . . . I only feel like killing . . . destroying.

' I'm thinking of Cordoba, of the mountains, of my brother, I should have been him, I'd feel powerful, I shouldn't be kept here, helpless. And accept relations with my father or any other man as if, through being a woman, I must accept everything a man wants, without being able to rebel. . . . I'd like to feel free like men, but what do I lack for it? A prick. I'm thinking of a steak, I want to bite. As soon as I get home I begin to smash things up. If I meet my father, he will quarrel with me. I'm hungry, furious. I want to get away from here. . . . I remember as a girl I wanted to run away from home to a wood far away from people, to live like a savage, live as an animal.

' I want to leave here, I'll not talk any more, I am counting the minutes left till the end of the session.'

The sadistic components displaced towards the longed-for penis and her hatred of being a woman were overwhelming. She could not go any further with the treatment.

A study of this case enabled us to unify conclusions drawn from the observation of similar cases. We believe that the actual consummation of the incestuous relation, which constitutes a secondary process derived from a former grave state of melancholy, diminishes the subject's chance of psychosis and allows better adjustment to the external world. In some cases in which there is an incestuous situation of great intensity, but in which consummation has not taken place, we have seen a similar constellation but with intense accentua-

tion of manic-depressive psychotic traits . . . especially marked dipsomania. (See Note 1 at the end of this paper.)

We can sum up as follows the conclusions obtained:

(1) An extremely frustrated relation with the mother. Starting with the basic-depressive situation, the attempts at restoration lead to a precocious transition to the oral search for the father, in a situation dominated by extreme anxiety, which brings about an overvaluation of the penis. This overestimation of the penis is charged with intense hatred transferred from the reply to the primary privation of the breast, and she comes to assume a masculine attitude with all the elements of penis-envy. The scant libidinous gratification exaggeratedly increases the oral sadism, which thus acquires the form of an imperious destructive urge against the object. Fantasies and acts are possible so long as it is only a matter of an object considered as a part, but the moment the object acquires the significance of a whole, she is overwhelmed by guilt-feelings which deepen her state of melancholy, especially after every act of incest (that is to say, with an object sufficiently loved). In the fear of destroying her good objects and faced with the alternative of her aggression destroying herself, she projects her hostility in the search for objects to castrate, identifying herself with the man or with the penis; hence her choice of homosexuals, of Jews, or of impotent old men. On the other hand she tries to incorporate good penises to counteract the aggression, but when the aggression against the internalized good object takes place, she is thrown into a state of melancholy, from which she tries to flee through further recourse to projection, etc.

(2) Overcompensation of the primary maternal frustration through the father's penis. The relation with the father places her in a complete state of oral and nutritional dependence, which probably often leads to prostitution. On the other hand, the intense cannibalistic character of this relation and the good aspect of the object brought on a state of depression after each act. The greater toleration of incest is to be derived from the tolerated relation with the breast which is substituted for the penis, and from the impossibility of living the relation with the father through identification with the mother, owing to the weakness of the erotic tie with her, and also of that between the two parents.

(3) The aggressive component against a partial object plays a great part in her fantasies and seeks satisfaction in acts with a masculine object in the form of an urge to castrate.

(4) The incorporation of the penis as a substitution for the primary relations with the mother's breast lead her to a masculine identification with the penis, and from this initial narcissistic relation there comes an alteration in the object sought. Her choice of a feminine object is disguised as a womanly man, towards whom she feels the ' male'. This homosexual object constitutes an element of singular constancy and is her last refuge from overt homosexuality. One may well ask, in view of the intensity of her masculine identification, how it is that she does not become perverse. This is most likely a consequence of her bad initial relationship with the mother, that is to say, of the initial erotic difficulties with a feminine object.

(5) The nymphomania is due to the anxiety over her difficulty in obtaining an orgasm. It constitutes an unsuccessful attempt to gratify her basic oral needs. In coitus she experiences no orgasm, or next to none, and her growing excitement drives her to renewed attempts with renewed objects.

(6) One result of this intense anxiety is that the ego develops a greater capacity for sublimation, which seems favoured by the real, though partial, satisfaction afforded by incest. One of the most marked aspects the sublimation assumes is dancing. In the analyses, this seemed to be related to the total identification with the penis. That is to say, Salome exhibits in her dance the movements of the incorporated penis through a total identification with it. Here we have a total identification with a partial object. Other forms of sublimation seem to be related to the identification with the total object, through the intermediary of the penis.

The previous loss of the parent of the same sex seems to be a prerequisite in myths concerning incest. The two most outstanding myths among biblical stories of the incestuous relation between father and daughter are those of the daughters of Lot (in which the act takes place after the loss of the mother) and Salome. In the legend of Salome, the situation springs from the relation with the step-father, who is, moreover, her uncle, her father's brother. All the characteristic elements found in our patients conspire to weave the tragedy of the daughter of

Herodias. The dramatic version written by Oscar Wilde may serve as a guide in our interpretation of it. Here we find all the characteristic elements of the situation prior to the consummation, and Jokanaan's head is to be taken as a representation of the father's penis. Our above-mentioned patient brought us a dramatic dream in this sense:

> ' My father had died. They were cooking and eating him. They served me his head on a plate. I took a knife and fork and cut off a piece. It was as fine and white as breast of chicken. I was thinking ' How can I eat this? " '

In the legend of Salome, Jokanaan's head is served to her on a silver salver. Jokanaan represents the father-figure and his decapitated head the penis as partial object. Jokanaan appears as a prisoner in the same cistern in which Salome's father was imprisoned and the slave who is ordered to execute him is the same one that strangled her father. The homosexual partner is represented by Narraboth, the young Syrian who is in love with the princess, and the nymphomaniac situation arises displaced upon Herodias through Jokanaan's imprecations. It is clear that the father-figure appears split between the good object represented by Herodes and the bad object that is Jokanaan. (See Note 2 at the end of this paper.)

In contemporary literature, a novel by Ramón del Valle Inclán, *Summer Sonnet*, also describes an incestuous situation between father and daughter, and the whole plot is built of the same elements. The creative unconscious cannot escape the possibilities of satisfaction within this instinctive equation: basic melancholic depression, incest, predominant cannibalistic oral satisfaction, envy and identification with the penis, reinforcement of homosexuality, nymphomania and the search for a homosexual partner to cover up the situation.

This typification corresponds, with different degrees of intensity, to all cases of incest consummated between father and daughter studied by us.

NOTES

(1) Oscar Wilde, in an inspired synthesis, defines the prerequisite condition of the incestuous daughter, when he makes Herodes exclaim in the following words:

> ' *Herodes*: The moon has a strange look to-night. . . . Has she not a strange look? She is like a mad woman, a mad woman who is seeking everywhere for lovers. She is naked, too. She is quite naked. The clouds are seeking to clothe her nakedness, but she will not let them. . . . She shows herself naked in the sky. She reels through the clouds like a drunken woman. . . . I am sure she is looking for lovers. Does she not look like a drunken woman? She is like a mad woman, is she not? "
> (Oscar Wilde, ' Salome ', from *The Works of Oscar Wilde*, Collins, London, p. 369.)

(2) In the museum of the Louvre, in the Leonardo Room, we can admire a group of four great works of that genius. First of all a picture of St. John the Baptist with a faustic and seductive expression; next to it The Virgin of the Rocks, then a portrait of a woman not very well identified, and at last a young Bacchus. When we finally stop to contemplate this Bacchus, we realize at once that this figure resembles that of St. John not only because of the identity of the model but also in the total characteristics given by its carriage and expression. If we investigate more thoroughly we learn that this Bacchus was originally a St. John the Baptist according to Leonardo's conception. The Great Dauphin, the son of Louis XVI, transformed him into a Bacchus in agreement with the possibilities of expression which Leonardo had given to his hedonic St. John. The Dauphin changed the cruel accusing and imprecatory figure of the Baptist, which represented his bad father, into the faustic and orally ever-giving figure of the good Bacchus, the good, nourishing father.

Through Leonardo and the Great Dauphin we can follow the same splitting process suffered by Salome between her good father, represented by the always condescending Herodes, and her bad father, represented by the ever frustrating and inaccessible St. John. It is clear that Herodes, as he appears in the legendary banquet, drunk and inciting Salome to dance, constitutes a faustic personification with all the Bacchic attributes, even inciting the Bacchantes to dance.

PSYCHE IN NATURE
OR
THE LIMITS OF PSYCHOGENESIS[1]

By MARIE BONAPARTE, Paris

To-day I am dealing with a current, I may say a burning subject; one that at present is carrying psycho-analysis with it rather like a stream of lava. I propose to speak, first, of the great extension which psychosomatic medicine has undergone.

In the nineteenth century medicine was dominated by emphasis on the organism. The body, and the body alone, seemed to overshadow everything, and the soul, if we may use the word, was considered as merely its subordinate emanation. Yet eventually it had to be admitted that this strictly mechanistic approach was inadequate to take account of many disorders, particularly those that are called nervous. And while the school of Charcot paused at that stage, psychological reactions, such as those expounded by Janet, soon came to the fore.

But the great revolution, which alone was to give mental origins their due place in the genesis of psychoneuroses, was eventually brought about by our common master: Freud.

Psycho-analysis, then, came to birth at the bedside of the neurotic: it was at first a clinical *method*, and only later gave its name to the body of knowledge, the teaching, which derived from this form of practice. In so far as it is a therapy, it belongs to the art of healing. And medicine, which for so long ignored it, and then derided it, went on—when it had come to acknowledge it wholly or in part—to claim it for itself.

Yet, psycho-analysis is a psychological method; it uses no medicaments or physical means whatever. The psycho-analyst, if his patient becomes physically ill, must call in another physician even if he is himself medically qualified; for analysis does not lend itself to any mingling of mental and physical therapy.

Many apparently organic disorders, however, prove curable by this psychological method, and indeed just where physical means have failed. We need recall only all those symptoms of ' hysterical ' origin, although in appearance organic—digestive, intestinal, cardiac, ocular, dermatological, not to mention the innumerable disorders of the genital function, which are still more manifestly ' nervous '. And so, faced with these accomplished cures, some psychoanalysts, flushed with success, have raised their therapeutic ambitions still higher.

How far, they ask themselves, are not troubles which seem most obviously organic conditioned by our unconscious mentality, our original or moral auto-aggression? And some have put forward the idea of a psychogenic ætiology for many organic or even infectious complaints, for gastric ulcers, acute arthritis, fibroids of the uterus, *bacillus coli*, tuberculosis, cancer—to mention only a few; incidentally following in this the popular notion, according to which the consumptive dies of ' decline ', the person with cancer of ' grief ', and cholera, when there is an epidemic, strikes those ' who are frightened of it '.

Having mentioned the beginnings of this tendency, I will now turn to the great extension of psychosomatic medicine which has occurred in recent years, particularly in the United States.

To begin with we ask what is the proper meaning of the term. We may, I think, take the phenomena which can be called psychosomatic as being roughly divisible into four main classes.

First, there are all the phenomena, all the actions, governed by some unconscious wish, which are manifested in human behaviour. In particular, there are the people who are prone to repeated accidents; this is not haphazard. It is vain for them to blame an exterior malignant fate; the insurance companies know better, and investigate, for example, a motorist's

[1] Paper read at the 16th International Psycho-Analytical Congress, Zürich, August 1949.

accident record before they accept him. This shows that they take account of the subjective aspect of accident-proneness, and that it cannot properly be attributed to mere chance. It is the same with patients who, for a variety of unconscious motives, manage to expose themselves to infections; and with those who, having picked them up, do not look after themselves properly—as witness those consumptives known to every sanatorium, who do not eat, get up when they should keep their beds, fail to follow the doctor's orders, and in short do everything to prevent their recovery. All these harmful actions, operating through the behaviour of the invalid, and governed for the most part by strictly unconscious wishes, are in the eyes of all psycho-analysts clearly of psychic origin; although the general public, and particularly the victims, will obstinately deny this.

Secondly—and here there opens up the vaster sphere of psychosomatic medicine and diagnosis—there are all the disorders, at first functional but becoming, with time and repetition, organic, which can be provoked by certain attitudes of unconscious auto-aggression. To apprehend the importance attached to these mechanisms by the psycho-somaticists it is enough to open the truly monumental works of Dr. Flanders Dunbar (such as her *Psychosomatic Diagnosis*, 1943), and of Weiss and English (*Psychosomatic Medicine*, 1943).[2]

There is no doubt that recurrent anxiety states engender deep-seated organic disorders. These propositions are supported by experiment, such as those undertaken by Trueta at Oxford. Animals subjected to various traumatisms have developed pathological changes in the kidneys, the presence of which may be confirmed *de visu*. Under the influence of these anxiety states significant amounts of adrenalin are secreted, raising the blood pressure, with all the ultimate harmful effects incurred from prolonged or recurrent hypertension. And ophthalmologists, on their side, as I have been told by that distinguished ophthalmologist, Mme. Schiff Wertheimer, wife of our much-regretted confrère Paul Schiff, recognize that profound anxiety states may, at any rate where there is predisposition, engender acute attacks of glaucoma.[3]

But these conditions, with their repercussions, are primarily physiological in nature, and possess no psychological content. Too long, in the name of physiology, have we denied psychology its rights. Do not let us do the same to physiology in the name of psychology! Psychogenesis, in the proper meaning of the term, appears much more problematical in these physiological anxiety states, brought on, indeed, by emotional trouble, but in which releases of adrenalin, for example, might be regarded as an organic attempt at defence, at

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[2] It is difficult to adhere without reserve to the points of view adopted by Dr. Dunbar, who makes exaggerated use of statistical and typological methods. We know how superficial the statistical method may be, and typology has always seemed to me to force the association of separable characteristics. For example, most persons predisposed to coronary thrombosis are said to have had ultra-severe parents who lived long, and to be domineering, proud and full of a sense of responsibility towards their wives and children. They are supposed to show a pronounced scepticism in religion and interest in philosophy. The profile of sufferers from rheumatic fever and arthritis of the same origin is even more startling. While admitting the infectious agency, Dr. Dunbar attributes to these people a nature which is timid, infantile, and little apt to attract love. They are said to tend to finish studies which they undertake, and to be disillusioned early by religion. Diabetics, on the other hand, while their heredity is not entirely denied, are supposed to have ' a parent surviving late into their own adult life ', and to be incapable of application and decision. Their illness breaks out after a long period of ' wear and tear ', and they have—and this is readily understandable—a great interest in food. They are little interested in religion, unless they become fanatics, and they are fond of animals.

These examples show how far typology may lead one, in defiance of the fact, already known in genetics, of the possible dissociation of characteristics. Dr. Dunbar also often confuses the result of an illness with its origin. Diabetics may, indeed, be asthenic, but that is because they are diabetics; it is not by reason of being asthenic and indecisive that they become diabetic. One cannot assent to the conclusions of this work, monumental in size as it is, except as regards the propensity to accidents, which is a case of manifestation through behaviour, and cardiac arrhythmias, governed as they are—like many gastro-intestinal complaints—by the emotivity of the nervous system.

Weiss and English, in contrast to Dr. Dunbar, hit the nail more squarely on the head. While refraining from pronouncing, in many cases, on the possibility of irreversible structural damage resulting from prolonged functional affective disturbance, they emphasize the importance of the double approach, organic and psychological, in the examination and treatment of every illness, whether the disorder is cardio-vascular (particularly hypertension), gastro-intestinal, pulmonary, or affecting the endocrine secretions, the metabolism, the genito-urinary and sexual system, the central nervous system, the sensory organs, or cases of allergy or arthritis.

Doubtless in time psychosomatic medicine will achieve a still more precise orientation, and it is certainly desirable that, as Weiss and English suggest, all general medical services should be supported by a psychiatrist with some knowledge of psycho-analysis or, better still, who has himself been analysed.

[3] Cf. W. Inman: ' Emotions and Acute Glaucoma ', *Lancet*, **118,** 1929; *The Ten-Year Report*, Chicago Institute of Psychoanalysis, pp. 32–33; and Alexander and French: *Studies in Psychosomatic Medicine*, Roland Press, New York, 1948.

reinvigoration—attended in these cases, certainly, with little enough success.

And the attempt is the more unsuccessful, if that discharge of muscular activity is inhibited, whether by factors of external or of internal constraint—such as an over-severe super-ego.

A third kind of psychogenetic influence is supposed—although only by certain writers—to be manifested in the differing individual reactions in respect of immunity or susceptibility to the various infections which threaten the unfortunate world of living beings from without. The work of Metalnikov, for example, is impregnated with this idea. Even the unicellular organisms are said to possess a sort of comprehension of the dangers which threaten them, and to adapt their behaviour to them, if one may so put it, ' psychically ', whether well or ill. From this it is but a short step to admitting that our cells are themselves motivated by such comprehensions, and certain psychogeneticists have taken it.

Finally, the fourth group comprises the morbid phenomena wherein the individual chooses, as it were, his symptom or his complaint in such a way as to reproduce imaginatively attitudes—desired and dreaded at the same time—governed by his deep complexes. An example, certainly dating from long ago and taken from a book long superseded, is that cited by Groddeck in *The Book of the Id*, where a goitre was said to have been produced, not by an emotional anxiety state alone, but by unconscious mental representations based on the infantile theory of oral conception; the goitre thus embodying a realized oral pregnancy, and disappearing once the fantasies were made conscious. Coming to our own day, there are analysts who have advanced the theory that, if certain women, at the approach of the menopause, develop high blood pressure, this is not to be ascribed to somatic disorders but to belated accentuated virilization, leading them to rival the penis erection with their whole body!

Here we must ask whether these writers are not confusing cause and effect. It is indeed very possible that such patients, once the symptom—whatever its origin—is established, make use of it for expressing their deep wishes, but in that case it would not be the fantasy that had created the symptom, but the deep unconscious mentation which made use of a symptom, already otherwise created, for finding expression on the somatic plane.

In sum, the problem of psychosomatic medicine might be posed, if not in our present state of knowledge actually solved, as follows:

What is manifested through behaviour must, for the most part, be considered as frankly psychogenetic. On the other hand, phenomena of anxiety which provoke, for example, releases of adrenalin and hypertension, are primarily physiological in type, as is the case with animals less imaginative than man; although such symptoms are susceptible of later interpretation by the mentality in terms of unconscious ideations, autopunitive or otherwise. In particular, it is certainly the fact that an aggression which is inhibited, whether by external restraints or by an interior over-severe super-ego, tends to turn back upon the subject with more violence than would be employed if the outlet, through the musculature or otherwise, were left open to it.

As for the psychogenesis of susceptibility to infectious illnesses, this seems much more open to question. It looks as though there were at work, beneath the psychological unconscious, another kind of unconscious—so distant from the sphere of operations of our actual psyche, which is however grounded on its ground, that one cannot in any true sense speak of the psychogenesis of measles, whooping-cough, tuberculosis, cancer, cholera, rheumatism, to name only these.

For, after all, the universe is full of hostile forces; the instincts of aggression, in contrast to those of love which hardly overstep the limits of the species, are at work between all living beings. Life can progress only by killing, for nourishment, for expansion, for defence—always, in short, for self-affirmation. For me to believe in the omnipotence of *my soul* over *my body* in defending me from the aggression of microbes is to deny the virulence, the instinct of aggression, which they too possess; they too, after all, wish to nourish themselves, to expand, to defend themselves against my defence, my own counter-attack. Certainly, the stronger I am myself, in my body and even in the psyche which animates it, the better I shall defend myself. But one sometimes feels that the believers in the therapeutic omnipotence of the psyche forget the great universal law of the struggle for existence.

After all, I am only one of the combatants in the battle; as against us, Koch's bacillus, with its varied degrees of virulence, has its weapons and its rights. It is true that, as I have already

said, a patient can attract or prolong his illness by self-exposure or lack of proper care; but this is by his *behaviour*. The direct influence of the psyche upon immunity itself, congenital or acquired, seems open to question in another way. Those who believe in it are clearly supposing that the body is influenced by the mental unconscious. I consider that in that respect there is a kind of *unconscious* at work, which is even deeper, the *organic unconscious*, such as was justifiably postulated by my old friend Gustave le Bon in his book *Les Opinions et les croyances*. It is that unconscious which presides over our deep-seated corporal functions—digestion, circulation, respiration, all the metabolic processes and the various immunities; in short, all the mysterious functions which make, out of the mass of protoplasm that we are, an animal endowed with life and with resistance. But that unconscious must be placed so far below even our most unconscious mentality, so far from what is psychological, that our will—whatever mental system it may belong to—does not reach to influence it. The boundary is indeed hard to define, but there is no need, for example, to postulate a psychogenesis for the immunization of a new-born infant by Jenner's vaccine against smallpox.

But, passing from psychogenesis to its derivative psychotherapy, we must say this: the domain which appertains to psychogenesis, and in consequence to psycho-analysis, is already vast enough without our wanting to extend it still much further. Does it not sometimes comprise also, besides all the psychoneuroses, hysterias, phobias, and obsessions, the borderline cases of certain incipient psychoses where the ego has not yet foundered—for then it may be too late!—and where we may, if not always save the patient, at least support him for a good while above the waves? Has not psycho-analysis, above all, brought its aid to those shamed and despairing sufferers, impotent men and frigid women, to all sufferers from a pathological psycho-sexuality, and has it not often restored to them a normal functioning necessary for health as for happiness? And finally, does it not claim a powerful efficacy in the analysis and repair of character, or rather in the utilization of an individual's character to its maximum potentialities in the advancement of his work and happiness? Under this aspect a special and pre-eminent place belongs to child analysis, the procedure which corrects, *in statu nascendi*, deviations of instinct and character. The analysis of adolescents, too, may be especially effective, occurring before the definitive choice of a career and a life companion. And at later stages analysis is still efficacious, by procuring the correction or the acceptance of certain character traits which until then have caused suffering to the analysand.

But in the domain of psychosomatic medicine, of the therapy of complaints in appearance organic, the psycho-analyst cannot be too cautious. By insisting on treating mentally ailments which are genuinely organic, physiologically, let alone anatomically, established, whatever may have been their origin, he risks depriving the patient of his possible cure. On the other hand, analysis remains the therapy indicated for cases of simple hysterical conversion, and for all psychoneurotic behaviour which facilitates bodily harm. The analysis of the underlying mental content may in such cases liberate the patient from very trying repetition automatisms, for example a propensity to accidents.

These benefactions, however, seem too modest to many of our medical confrères. It is odd to note that it is amongst medical analysts, rather than the mere psychologists, that the anti-organic tendency has grown to its height. Of course the main aspiration of a physician is to heal, and physicians who are condemned, if we may so put it, to practising psychology wish at any rate to employ their therapy to cure as many as possible of the ills which flesh is heir to. It is a noble medical ambition.

But something else also is involved: the revival of the old spirit of magic, always ready to rise again from the depths of our unconscious, and against which we psycho-analysts ought even more than other scientific workers to be on our guard. That is the spirit which inspired the healers of antiquity, and still inspires the ' medicine men ' among primitives, as well as the various modern ' healers ' amongst ourselves; and it was no stranger to the exponents of vitalism, of the immanent life force supposed to animate the body and submit it to itself for good or evil. For one of the most ineradicable of man's desires is to believe in the supremacy of the ' soul ' over the body, a supremacy which would assure to them the omnipotence of their thought over themselves, as over the universe.

It is thus that the reaction against the organic, materialistic tendency of the end of the nineteenth century sometimes undoubtedly overreaches itself. The scientific pendulum has

swung too far. One thing is certain, that the physicians of yesterday, and even of to-day, have been too inclined to see only the symptom, without taking account of the patient's personality and his conscious and unconscious conflicts, and that it is time to consider the patient, the man, as a single whole.

I have tried to call attention to the boundaries as well as to the territory of psycho-analysis because I think thereby to serve it the better. I know enough of Freud's thought to know that there is no betrayal of him in what I have written. In spite of the ' magic ' air of the procedures by which he works, the psycho-analyst is not and should not be a thaumaturge; he is a conscientious and patient scientific worker, who, while always retaining the courage of initiative and new endeavour, must know how to recognize the eventual limits to his power which nature herself has traced.

(Translated by NANCY PROCTER-GREGG.)

ON THE PATHOGENESIS OF PEPTIC ULCER

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I. History of a Case of Peptic Ulcer

The free associations obtained in the psycho-analytic treatment of patients with peptic ulcer show that the mother, in these cases, may be looked upon as food which is difficult for them to digest. This is due to the fact that the patient's submission to the mother, together with a regression to an infantile oral fixation to her, causes her introjected psychic image to take on harmful oral attributes, thus harming the patient's digestion and also producing the ulcer.

In support of this theory we shall first of all present data from the psycho-analytic treatment of a patient with peptic ulcer, which will later be taken as a basis for general considerations on the pathogenesis of the ulcer. For the sake of professional discretion we are obliged to limit ourselves to part of the material strictly related to the pathogenesis of the ulcer, having chosen to expose this case on account of the patient's great psychological understanding which enabled us to perceive the deep mechanisms better than in any other patient.

The case is that of a man of about forty, with a duodenal ulcer of typical clinical symptoms and confirmed by X-rays.

Among the family antecedents there is one probable peptic ulcer in one of the patient's grandmothers which appeared after the death of her husband and eldest son.

Pregnancy and birth were normal; he was breast-fed by his mother, but never during the night. When he got his teeth he bit the breast violently. He developed into a strong, healthy child, without having the appearance of a fat boy. His weaning at nine months was spontaneous. At ten months he had a severe attack of broncho-pneumonia. Sphincter control was reached at about one year of age. He was fed on milk and flours and was given meat only after his third birthday. He never had any nightmares.

Outstanding in his psycho-analytic treatment, which lasted three years, was his submission to his mother.

In spite of the difficulties which his submission to his mother in his childhood and puberty brought him, he could not conceive the idea of becoming independent without feeling remorse.

Among his thoughts on this subject, he recalled with fear the popular legend about a bird of his country, which being on its way to fetch medicine for its sick mother, stopped at an inn to dance (which for our patient represented coitus). When it reached home the bird found its mother had died because it had left her. From that moment its song became a plaintive cry.

His fixation to his mother, together with the prohibition of incest, took on a regressively oral character, which was further emphasized by his mother's conduct of worrying excessively over his food. Thus, the subject recalls his annoyance at his mother's sending him mid-morning snacks at school. His schoolmates made fun of him. For them, to accept that, was a sign of homosexuality as it indicated his infantile submission to his mother.

During his latency, ideas of his mother attacking him orally produced in him fantasies regarding an antediluvian animal, a plesiosaur, which, he imagined, lived in a nearby lake, and would devour him if he approached it. He sometimes thought it was a lake of milk, or something that looked like milk, which symbolized the mother's breast. The animal in the lake represented the mother, or the mother's breast by which he feared he would be bitten. The fantasy was a regressive oral symptom of submission to his mother, and of being excited by her without being able to obtain satisfaction. To visit the lake meant coitus, but forbidding this was the monster that threatened to devour him.

His difficulties in his social behaviour, due to maternal prohibitions, could be seen, for example, at the time of his examinations; the

[1] Part of this paper was read at the 16th International Psycho-Analytical Congress, Zürich, August, 1949.

difficulty they represented for him became much greater when his mother came to visit him. On these occasions he usually had an attack of quinsy, which had the meaning of biting his mother and choking with the contents of his aggressiveness. On a like occasion he also became ill with pneumonia. On the other hand, when he fell in love with the woman who later became his wife, his examination became easier for him, and the results much better.

When he was seventeen, he studied in a distant town. His mother went to visit him; she refused to sleep in the next room and demanded that her bed be placed beside his. One day when he got home from school, he was told that his mother had burnt all his books on politics, psychology and sociology. He left home, outraged, but later felt obliged to return, thinking that his mother would be ill, which was really the case.

The patient had a situation of genital, and regressively oral, fixation on his mother together with a prohibition of incest. His mother was indispensable, although painful for him, and he could do nothing but accept her; as if she were some disagreeable food which he had necessarily to swallow in order to live. This constituted a behaviour pattern for him; later on, each difficulty he came across in his life also took on the psychological aspect of foods which are difficult to swallow and are indigestible.

This was the case, for instance, when he found he had to give up his intimate relations with a woman friend. He reacted with digestive troubles. To this he associated recollections from his puberty when on the occasion of his father's death, his mother made him kiss, i.e. swallow, his father's cold corpse and, later, to do likewise with the tombstone on their frequent visits to the cemetery. About this time he dreamt that '*he had closed a little, white chest*'. In his psycho-analysis, a superficial interpretation showed that the chest represented his friend's genital organ, and to close it meant the end of their intimate relations. On a deeper level, he associated the chest with his mother's breast, and also with ' whiteness ' and ' death ', remembering, at the same time, that in order to silence him, his mother used to tell him to ' close his chest,' i.e. his mouth (equivalent to the American slang ' shut your trap '). The associations and the dream show, then, that the patient elaborated the end of his intimate genital relation as having to swallow something disagreeable or having to reject a frustrating maternal breast.

That his interest in food was a regressive expression of another kind of wish was also clear in the patient's behaviour during the last world war. He worked hard to have one million food rations sent to Russia. Analysis showed that he had adopted that attitude because he had the unconscious wish to compensate his own failures at that time by eating great quantities of food, this becoming conscious as a displacement on to Russia, a country that was then also in need of help.

In order to attain his purpose, he held meetings with other people and intervened in propaganda. Some of the others suggested sending heart tonics also to Russia, but this did not interest him in the slightest. He was only interested in sending food owing to its regressive, oral meaning. This was confirmed by the interpretation of a dream he had at that time in which he saw *a port* which, he said, was *the only thing that interested him.* In a psychoanalytic session he realized that the port in question was the one in Buenos Aires called ' La Boca ' (the mouth), and that it symbolized this organ of nutrition. The dream expressed that the only thing that interested him was his regressive, oral gratification.

His wish that the food rations should be sent to Russia was because his mother had always disliked that country until her acceptance of it after it had suffered the Nazi attack. After his mother's change of mind the patient allowed himself to send the rations. He unconsciously valued the hunger in Russia as being forced himself to suffer both the lack of maternal love and genital prohibitions. So he thought of great quantities of food to compensate his past and present frustrations. In other words, for him the food rations sent to Russia were charged with ambivalent affects because of their especial relation to his mother. It was just what happened with his own food which, because of this, injured his digestive tract.

The mother, as an orally introjected object, from whom he could not free himself and who prevented him from leading a happy genital life, appeared, for instance, in a dream following intercourse in which he was not able to ejaculate: ' *I had something white in my throat. I wanted to expel it by shaking all my body. At first my hands were at my sides but finally I used them to take it out.*'

The white substance in the dream is the semen he was unable to ejaculate and which he attempts to do in his dream by means of inter-

course or masturbation. A deeper interpretation proved that the white represented his mother, introjected as food, and from which he cannot free himself. In fact, with the white of the dream he associated maternal milk, and added that the white had ramifications, as if it was a spider or a cobweb which was holding him fast. They were symbolizations of his mother. He interpreted his not being able to use his hands as the difficulty he had in being aggressive with his mother. From all this we may deduce that the frustrating image of his mother acting in his psyche was what provoked the ejaculatory difficulty which took place the day before the dream.

His ambivalent attitude towards his mother provoked fear in him of harming himself with food or alcoholic drinks. This came up in his psycho-analysis in narratives such as that referring to one of his friends who had won a money prize in the lottery and spent it all on beer, which caused his death shortly after. Alcohol represented the mother for the patient, he desired it as he did her, and also, like his mother, because of its bad qualities it destroyed him internally. This psychological attitude also explains his once writing an article in which the hero ended up by eating one of his garments.

On a digestive level, his troubles were an expression of the lack of instinctive gratification—the prohibition of food as a regressive substitute for genital objects. Because of the prohibition of digesting food he felt harmed in his digestive tract, just as a person with severe prohibitions of having genital intercourse feels genitally castrated.

Owing to his ambivalence towards his mother the patient also developed ambivalence towards other people, reacting with oral mechanisms. In the face of difficult situations he would take foods which were difficult to digest, previously convinced he would be able to digest them but which, nevertheless, later caused trouble. In this way he developed the gastroduodenal hyperactivity which is often found in ulcer patients. This attempt to deny that his mother's behaviour towards him had been harmful, failed. It was like saying that he had been able to make a good ' digestion ' of his mother in spite of her bad qualities. The foods he ate on these occasions harmed him, both because they were difficult to digest and because of the psychological value he gave them.

One of the difficult situations of his life, which acted in him like indigestible food, was his marriage. After his marriage the patient developed intense guilt feelings regarding his mother for having left her to marry another woman. It was then that the ulcer appeared.

In the course of his treatment it became clear that the ulcer had the meaning of an attack by his mother against him, carried out by means of indigestible food. Often in his fantasies and dreams a phallic mother appeared and attacked him externally, provoking a wound in his stomach. It was he himself who interpreted the ulcer as being a wound made in his stomach from outside. This he always associated with his mother; for instance, repeatedly referring to the case of an acquaintance of his, who was accidentally shot in the stomach, in his childhood, by his mother. This also came up in his dreams, for example in one in which *his mother-in-law, who was walking arm-in-arm with him, was shot in the stomach.* It meant to do actively with his mother—under the guise of his mother-in-law—what he had suffered passively. The dream occurred in a street of the same name as the place in which he had spent his childhood. After this dream, and surely provoked by the latent situation that gave rise to it, he had a dark, diarrhœic deposition which he supposed to be due to a slight bleeding of his ulcer.

Following the patient's associations to the last instance, the ulcer had the meaning of a remorseful conscience for having abandoned his mother and for enjoying a genital, married life. It was remorse in the etymological sense of the word, i.e. an internal bite provoked by his mother, who was the principal origin of his conscience. This internal bite was carried out by the mother by means of unsuitable food as a substitute for the bad maternal breast introjected in his infancy.

In further associations, because of his separation from his mother, due to his marriage, the patient compared the ulcer wound to the umbilical wound made on separating a newly-born child from the mother. On the other hand, taking as a basis data from his psycho-analysis, we were also able to interpret the ulcer as a wound of phallic castration which took on a digestive aspect because of the oral regression.

Owing to all the motives we have mentioned, the patient's duodenal ulcer appeared at the time of his marriage. Some time later it was intensively reactivated when his wife had an abortion, which, because it implied a genital failure, intensified the patient's remorse about

his married life. As it also had the unconscious meaning, for him, of a mother who kills her son it intensified the patient's masochistic submission to his mother. A few days later he suffered a hæmatemesis and melæna due to gastric hæmorrhage.

He reacted to this turn for the worse by leaving home and making a long journey with his wife to go and live with his mother. In his mother's house he allowed himself to be fed on milk and sops, a way of behaving which could also be interpreted psycho-analytically. To have milk, or derivatives of it, meant, for the patient, to be happily united to his mother, because it is the type of food which is taken by a child when it is still totally dependent on maternal care. Besides, he did not have to use his teeth for this type of food, meaning that he denied his oral aggressiveness against his domineering and frustrating mother.

It was also seen that another of his motives for renouncing the eating of meat or similar products, was the genital significance of this type of food. It is the meaning which is contained, for instance, in the saying that someone is ' fond of the flesh ', meaning women.

By going to live with his mother and taking only milk and sops, the patient wanted, then, to convince his (introjected) mother that she should treat him well and not harm him digestively or genitally. Also that he had no aggressive wishes to free himself from his infantile dependence.

That is why, apart from being more digestible, the indicated diet helped to improve his ulcer; it freed him from guilt feelings. This would not have been the case had he followed his usual diet which was harmful to him especially on account of the unconscious ideas it aroused in him.

In short: The digestive disturbances of the patient were due to the difficulty he found in digesting food since it represented for him both the difficult circumstances of his life, which he could do nothing but accept, and also prohibited genital objects. The ulcer itself had the triple meaning of a wound of separation from his mother, of castration carried out regressively on a digestive level, and of his mother's aggressiveness which he felt as *pangs of remorse* (or re-biting) on account of his genital activity.

When his psycho-analytic treatment had progressed, the patient no longer felt obliged to keep to any diet, obtaining a lasting cure of his ulcer and being actually in perfect health, many years having elapsed since the completion of his treatment.

The cure of the ulcer was obtained through the patient's seeking the support of the psycho-analyst. He saw in him a strong character, with whose help he could free himself from his submission to his mother and the instinctive deprivation she imposed on him. In the transference the psycho-analyst began to appear as a capable father.

The psycho-analyst helped him to get rid of the harmful intrapsychic image of his mother that bit him internally. In one of his dreams the patient saw himself as *a child who had been killed by a snake bite* (which symbolized the mother biting him internally), *but the child was revived by the help of a strong man*, who represented the psycho-analyst. According to the associations to the dream, the snakes could no longer harm the strong man because he was accustomed to their bites; in other words, the mother had no power over him. Besides, in the dream *the strong man had been accused of killing someone*, which meant that the psycho-analyst was killing his mother, i.e. making him independent of her. The bite, representing the aggression of the intrapsychic maternal image, is also included in the contents of this dream.

The psycho-analytic treatment broke the patient's frustrating fixation to his mother also in its regressive oral aspects. But it was not only by destroying the negative character of the mother, i.e. that of a bad object introjected orally, that the cure was effected, but also, through the transference with the psycho-analyst, the introjected mother surprisingly acquired the aspect of a good introjected object; and owing to the particular psychology of the patient, this good introjected object, which was the mother improved by the psycho-analyst's influence, took on the unconscious character of good food, as was seen in several of his dreams like the following: ' *I was with my wife and could see a kind of small pie through which I made contact with my wife.*'

On awakening he remembered the dream but not the name of the pie that appeared in it. He remembered it in his psycho-analytic session and then also understood his reason for forgetting it: the name of the pie sounded similar to his mother's name.

The pie, therefore, symbolized his mother. The dream was provoked by the well-being he had enjoyed the previous day together with his wife. In the dream, his mother led him to a

good conjugal relation, under the guise of good food which joined him to his wife.

In another dream also, *a woman*, symbolizing his mother, *invites him to dine with the psycho-analyst and his wife*. That is, instead of being bad food, injurious to his adult life, in this dream the mother gives him good food that enables him to identify with the ideal image of the psycho-analyst and to enjoy conjugal well-being.

In another dream, also oral in character, the patient sees *himself pleasantly sailing in a beautiful two-masted ship*. The ship and the two masts are his wife and her two breasts. In the dream he is elaborating his infantile ambivalence towards his mother's breast.

Finally, in other dreams the patient pictured himself *giving his wife food which he had cleaned of filth or other disagreeable qualities*. They meant being able to love instead of hate, and to live well, genitally, with his wife without having to ' swallow ' indigestible food which represented his mother with her difficulties and prohibitions.

In all of these dreams, the same as before his treatment, the patient is in an oral position, but the character of the food he assimilates is now positive instead of negative. Unlike his previous state, in his orality the patient now finds a support that helps him to live happily.

II. General Considerations

Together with the foregoing case, the data from five other psycho-analysed cases, all of them male, form the basis of this study on peptic ulcer. Three of these cases were analysed by myself and two others were followed in detail, session by session, in control psycho-analysis.

The Oral Regression

Just as in the case described, the other ulcer patients also had a situation of infantile dependence on the parents. This was brought about by the current factors of a domineering or cruel character either of the father or the mother, together with the conjugal dissatisfaction of the mother. In one of the cases, frequent changes of home made the independence from the family and social adaptation difficult for the patient.

Alexander (1) has pointed out how, in the face of environmental difficulties, ulcer patients develop receptive and oral aggressive tendencies with the latent wish of receiving food.

This was the psychic situation of our analysands. Infantile dependence on the parents provoked in them an excessive attachment to the mother with persistence of an Œdipal situation which, on account of its being prohibited, brought about an oral regression. The patients tried to repress their genital feelings towards the mother upon whom they were dependent, so as to be able to see her solely as the person who nourishes or protects.

All these analysands came from families that had progressed socially, some after a previous failure. This family spirit of progress was opposed to the patients' tendency to dependence, and made them strive to be active. In some cases, they even managed to develop the personality type of the ' go-getter ', which Walter Alvarez has attributed to peptic ulcer patients.

As Alexander has pointed out, there exists in ulcer patients, screened by their apparent activity, the rejected tendency towards dependence on the parents, which leads to failure in their behaviour. Thus, one of our analysands presided over a highly important political meeting in Spain, which brought about the advent of the Republic; he later obtained a public office but had to resign owing to his digestive troubles. Another was an architect suffering from ulcer, who left his profession in order to become an artist. He distinguished himself as a painter during a period of feverish work but later abandoned it for a long voyage from which he derived no benefit. Another peptic ulcer patient was a physician who worked at his profession better than his colleagues but was incapable of giving his activity the importance it deserved or of obtaining an adequate economic status. An analogous case was that of another physician with ulcer, who practised his profession practically hidden away and unsuccessfully, because he was afflicted with a paranoid delusion in which he felt he was criticized by people who thought he was homosexual.

The ulcer patients' conflict between apparent activity and the rejected tendency towards dependence on the parents, arises from their attitude regarding the mother. During their infancy their mothers were loved ambivalently by them and a normal resolution of the Œdipus complex was not possible. As they also made an oral regression, in order to flee from Œdipal complications, they later reacted towards their mothers as indigestible food is reacted to, which produced in them digestive complications.

The type of reaction of ulcer patients towards their mothers can be described by popular

expressions, psychologically very true in their stressing of the oral content. These ulcer patients had mothers who were ' difficult to digest ' or ' hard to swallow '; they always had their mother ' at the pit of their stomachs '; they made them feel ' fed up ', they sometimes felt their mothers ' choked them ', etc.

These sayings express not only what happens in the mind of these patients but also the repercussion occurring in the digestive tract. The mother being the first person that provides food, complications in the affective relation with her, or equivalent persons, bring with them difficulties in the digestion of food.

This is what happens, through an oral regression, in any individual whether or not he is predisposed to peptic ulcer. Thus an analysand, who was not an ulcer patient, became ill after eating a certain kind of sausage, because it was ' home-made sausage ', like those he used to eat at home during his sad childhood. Another patient was ill after eating a flan, because on being shaken it trembled as she did herself and because it was made with eggs, which reminded her of a disagreeable close relative who bred chickens.

In such cases, the association of foods with disagreeable childhood memories hinders the adequate psychological gastric preparation for a good digestion, and hence complicates the latter. At other times, not even the ingestion of food is necessary in order to feel digestive disturbances owing to conflicts with the mother. This was the case of an analysand's daughter who got a stomach-ache when her mother gave her brother a present for having passed an examination brilliantly. The girl would have ' swallowed ' the present rather than let her brother receive it.

Reactions such as this are frequent in psychoanalytic treatments. Thus, English and Pearson describe a patient who expressed himself as follows: (2) ' It seems as if I can't control people enough with my words, my thoughts, my actions, but I seem to want to take everything inside of me and try to control it that way. My stomach stays so tight they must get pretty well crushed though.' According to the authors this took place in the patient because ' where oral trends are strong, all aggressive activity of any sort may be conceived of as a taking in and digestion of the situation '.

It is not difficult to find other examples like the foregoing, which, on the other hand, form part of popular knowledge. The clearest medical demonstration of these facts was carried out by Wolf and Wolff (3) in the well-known case of a fifty-seven-year old man, Tom, in whom, through a surgical abdominal fistula, the ruptured gastric mucosa could be directly observed from the time he was seventeen years old. In psychological situations which provoked Tom's anxiety and an impulse to flight, all his gastric functions clearly diminished in intensity. On the other hand, when he was in a situation of insoluble conflict regarding the external world, and felt angry and aggressive, gastric secretion, motility and vascularization notably increased. The gastric mucosa then had the same aspect as when he was disposed to partake of a copious dinner. If his anger and aggressive feelings persisted he even suffered modifications of the mucosa of the type found in gastritis. Something similar happened when he was in a psychological state of mourning due to the death of his daughter-in-law; in spite of having eaten very little, his gastric functions were highly accentuated.

Emotions produced such intensive gastric effects in Tom that they even reached the point of modifying the special gastric changes normally produced by different kinds of food. Thus, foods rich in fats ordinarily prolong the time of evacuation and inhibit the acid secretion and motility of the stomach. But in Tom, nothing of this kind occurred with this type of food if, beforehand, he was in a psychological situation of insecurity and resentment; he then had a gastric function of even the directly inverse type. On the other hand, even without that type of food, fear of anything that was troubling him acted in him as a gastric inhibitor. Similarly, situations which produced sadness in him inhibited even the gastric excitation provoked by the ingestion of meat.

Wolf and Wolff were also able to prove, in Tom, the small value of some theories on the local pathogenesis of the ulcer, seeing the negligible local effect of highly corrosive and irritating agents of the type that destroy skin on contact. The only effect on the mucosa of the stomach was to produce a slight erythema.

Foods as a Substitute for Genital Objects

Let us bear in mind the above-mentioned facts and now return to our patients. That they should have had digestive disturbances is easy to understand when we think of their complicated Œdipal situation. Owing to an oral regression they transferred their Œdipal conflicts to their

attitude in eating and digesting food. Thus, one of our analysands ate voraciously at parties at which he met attractive and desirable women or capable men before whom he wished to appear virile. In an oral regression, the food he was eating represented feminine conquests and virility for him, but as they later produced trouble in his digestion, they also represented punishment for his wishes.

It is the ulcer patient's difficult Œdipal situation with his mother that makes food become indigestible for him. The painful psychic elaboration of the mother's behaviour and of his own reactions to her make him complicate the process of digesting his food. Not only that, but also, for the same reasons, he feels a preference for food which is really difficult to digest. Besides, the Œdipal prohibition of genital objects must have its echo in the shape of an internal prohibition of digesting food, one aspect of which we shall see later with regard to meat.

The particular resolution of the Œdipus complex constitutes a behaviour pattern in the individual for other later situations. The reaction to the mother is the prototype of the reaction to other people, which explains our patients' repeating their attitude towards food in other circumstances, in which the mother had no direct intervention. Owing to the regressive oral fixation on the mother, the solving of difficult circumstances of their lives became parallel for them to the digestion of food. In difficult circumstances the stomach and intestine reacted as if they were food which is hard to digest, making intensive efforts for digesting and assimilating, and thereby originating the disturbances in gastroduodenal motility, secretion or irrigation which precede the appearance of the ulcer.

In these gastroduodenal disturbances, which are apparently excessive functioning, but which are nevertheless harmful, two of the components of the ulcer patients' personality may be discerned, viz. their overcompensating activity and their latent submissiveness.

Our analysands had periods in which they ate all kinds of food, even the kind that is difficult of digestion, without taking any precautions whatsoever. In this they followed, in an oral regression, the ambitious attitude of the family. They deceived themselves believing that no kind of food could harm them; in other words, in their oral regression they felt they had been able to overcome their submission to their mother—they had been able to ' digest ' the bad mother that their environment had forced them to ' swallow '.

What also drove them to eat food harmful either in quantity or quality was the fact that in childhood they had been forced to accept a harmful solution to their Œdipus complex, which brought with it genital inhibitions. For all these motives they suffered, regressively, from digestive complications, just as, during childhood, their relation with their mother prevented their happiness and normal development.

Many of the enigmas of the behaviour and reaction of the ulcer patient towards food can be solved if we bear in mind the parallel between food and mother, and besides, if we consider the psychic image of the mother not in the guise of good food which the adult ulcer patient continually but vainly longs for, but rather, in her bad and harmful aspects, seeing her as an object analogous to indigestible food, which the patient does not recognize consciously as bad, but which he must eat, because the mother is necessary in order to live. This forces the stomach to make difficult digestions, with excessive contractions, hypersecretion and subsequent pain.

The parallel between the oral relation with the mother and the behaviour or symptomatology of the ulcer patient has been perceived by S. Charles Lewsen (4) who describes it humorously:

> ' I cannot eat but little meat,
> My stomach is not good;
> The pain I get and oft repeat
> Depends upon my mood.
> I've always had a strong conceit,
> I cannot tolerate defeat,
> It all dates back to mother's teat,
> And acids all my food.'

Similarly to the case mentioned above of the man who ate voraciously when he saw attractive women at parties, we also find that other ulcer patients react digestively instead of taking up a genital attitude. That is why the appearance of the ulcer is directly connected with outstanding genital events in the patient's life, in our cases, for instance, with the patient's marriage, the birth of a son, an abortion of the wife or having intimate relations with a woman who is harmful to the patient socially. This happens, above all, when the ulcer patient lives in a genital situation that produces conflicts in his relation with his mother.

The genital activity of the ulcer patient is

brusque and forced in character, these qualities betraying his striving to overcome the existing genital inhibitions. Like all individuals with mother fixations they are apt to have a homosexuality which is easily distinguished in their psycho-analysis. Similarly, in the two cases described by Heide (5) there is homosexuality due to an early identification with the mother.

The Digestive Bite

The peptic ulcer patient's attitude towards food is identical with his attitude to genital situations, since the former regressively represents the latter. He longs for them but cannot duly assimilate them because of the existence in him of parental prohibitions of genitality.

Another prototype of the ulcer patient's way of acting in genital situations and towards food is constituted by the infant's reaction to its mother's breast when it is not entirely satisfying. The infant then bites the mother's breast in an attempt to obtain by means of violence what it has not been given, and also to take its revenge for the frustration it has had to suffer.

It is possible to suppose that the infant's wish to bite its mother's breast is apt to reappear, in the future ulcer patient's childhood, on occasions when he is forced to accept genital prohibitions, for instance, of masturbation. This is probably the case because owing to his oral regression and fixation on his mother, one aspect of his genital fantasies must be the caressing or kissing of the desired woman's breast, which, on not being possible for him, reactivates memories of his infancy and his mother's breast. But owing to the genital prohibition, to which may be added memories of a difficult period of suckling, the breast that is remembered is not generous, but rather frustrating, and must be angrily bitten in order to get the desired milk. That is to say, the conscious or unconscious fantasy of biting the mother's breast may represent, in an individual with an oral regression, the desire for the forbidden masturbation.

The child's upbringing taught him to repress his wishes both to bite the breast and also later to attack other objects in situations which were frustrating for him. But as, in spite of the repression, the wishes persist, not being able now to bite with his mouth, the boy must remove this type of reaction to his stomach or intestine, which then takes up a violent attitude towards food which represents the frustrating external situations.

Owing to the same type of reaction the adult makes intensive attempts to digest his food, using great quantities of gastric or intestinal juices and excessive muscular contractions, such as are demonstrated by chemical and radiological examinations of ulcer patients.

It is as if the stomach and intestine bit what they received since they cannot ingest it peaceably, because the food represents external objects which they are not able to assimilate, owing to the patient's having received too many prohibitions in childhood. The excessive effort made by the stomach and intestine also represents the digestive reaction of a weak individual who feels he is incapable of getting what he wants or who fears he will lose what he has.

The concept of the stomach or duodenum biting the food becomes more understandable if one bears in mind that functionally the activity of the mouth is identical with that of the stomach and intestine, the former constituting only a certain differentiation from the latter. Similarly to the stomach and the intestine, the mouth crushes the food and surrounds it with saliva in order to disintegrate it mechanically and chemically; after which it pushes it downwards with movements also peristaltic in character. There is nothing, then, that gives the mouth an especial character, different from that of the stomach and intestine. The analogy is even closer if we bear in mind that the intestine also has glands of the salivary type, such as the pancreas, which bear such a great similarity to the glands of the mouth that the Germans call it the salivary gland of the belly. For this reason it may be said that, in the phylogenetic digestive evolution, the first organs to bite the food are the stomach and the intestine, and that later the mouth specializes in the rough, mechanical part of this function.

The behaviour of gastroduodenal ulcer patients shows, at times, how their digestive conduct is a substitute for their wishes to bite people in their environment. One of the most typical, and relatively frequent, attitudes in them is that of sarcasm, which, as the etymology points out (Gr. *sarkasmos* from *sarkazein*, to tear flesh) is the attitude of an individual who has the pretension of destroying the external world in the same way as food is devoured. Another frequent attitude is that of oral envy; ulcer patients often look on with envy at the accomplishments of others. They want to do

likewise but cannot achieve it. Their envy is their wish to obtain what others have, just as food is desired, and also to destroy other persons because of their greater capacity.

These situations of oral aggressiveness towards persons and situations in the outer world, above all towards the mother, have been repressed since childhood. Consequently, the aggressive wishes of the stomach and the intestine to bite are also prohibited by the individual's super-ego which attempts to inhibit them. This gives rise in him to intense guilt feelings, since the aggressive wishes were primarily directed against the mother, or analogous childhood objects, who behaved badly towards him, but whom, because of his upbringing, he felt obliged to regard as good and to love instead of being aggressive towards them. Then, following a psychological mechanism typical, above all, of melancholia, he punishes himself by turning his aggressiveness against himself. Hence, instead of biting the others he suffers ' remorse ' (O.F. *remors* from *LL re*(*morsus* from *mordēre mors* to bite)), i.e. as the word itself indicates, he ' bites ' himself.

Owing to ' remorse ' on account of his oral, aggressive wishes, the peptic ulcer patient ' bites ' himself. In other words, it is his conscience that bites him internally as a punishment for his aggressive wishes regarding his mother. Now, one's conscience is the outcome of the psychic introjection of one's parents with their commands and prohibitions, which comes to constitute the super-ego of one's personality. Owing to the importance of the mother as a frustrating object in the ulcer patient's childhood, her intervention in the origin of his conscience is apt to be dominating. In other words, following the foregoing considerations, because of his ' remorse ', the ulcer patient's behaviour is that of allowing himself to be bitten internally by his introjected mother, who thus punishes him for his evil wishes of biting her; these wishes, in turn, being substitutes for prohibited genital wishes towards her or some other woman.

This internal bite takes place in the stomach or intestine because it is to these organs that the child transferred his oral aggressiveness when he was forbidden to bite his mother's breast with his mouth. We must bear in mind, besides, that this type of wish towards the mother's breast is reactivated in the ulcer patient on experiencing situations of genital frustration which he originally felt with his mother.

It is highly probable that the sensation of being bitten by the mother is previous to the child's action of biting her when her breast frustrates him. In favour of this is the popular description of the ill-feeling experienced by a hungry person which is compared to something that gnaws or corrodes the stomach, and is expressed as ' gnawing pains ' in the stomach (*nagender Hunger* in German); and besides, the child feels hungry before it has any wish to bite. The child may easily interpret this sensation of being gnawed at as being caused by its mother's breast which it introjected in previous feeds. Hence, the expression ' remorse ' (pangs) of conscience would come to be the child's fear of being deprived of nourishment by his mother as a punishment for behaving badly, and which the child would perceive, according to its experience of hunger, as being gnawed at or bitten by her internally.

Food, which represents the mother, helps to bring about the aggression of the pangs of remorse. It is badly assimilated by the future ulcer patient—who allows himself to be harmed by it—by an unconscious mechanism of self-punishment. Poets have perceived this action of food due to psychological motives, as we find, for example, in the following verses by Pablo Neruda (6), in which he describes the punishment, through food, of some cruel bankers who had not hesitated to spill blood in order to defend their riches:

' A dish for the banker, a dish with cheeks
Of children from the happy South; a dish
With detonations, with crazy waters and ruins and horror;
A dish with split axes and crushed heads,
A black dish, a dish of blood from Almería.
Each morning, each cloudy morning of thy life
Thou shalt have it steaming and burning on thy table:
Thou wilt push it aside a little with thy soft hands
So as not to see it, so as not to have to swallow it so many times:
Thou wilt push it aside a little, between the bread and the grapes—
That dish of silent blood
That will be there each morning, each
Morning.'

According to Plutarch (7), the conscience *instar ulceris corpus jugiter percellens* (tortures the body like an ulcer).

The words ' remorse ' or ' biting pangs of conscience ' describe well what happens in the peptic ulcer patient, bearing in mind that the expressions ' pangs ', ' biting ' or ' gnawing '

are not merely metaphors or phenomena with only psychic repercussions, but that they also have a clear organic action. Therefore, it is necessary to insist on the explanation that, owing to the prohibition and punishment of his urge to bite the outer world in order to get the prohibited objects, the stomach and intestine of the future ulcer patient bites itself and allows itself to be harmed by food, producing the ulcer in this way. The patient brings about this conduct by transmitting the psychic impulses through the trophic nerves to the digestive tract which then causes the ulcerous erosion, by biting a part of the mucosa, from which it must previously take the protecting mucus, with its secretions and the effort of the contractions (pangs) aided by rough or badly chewed food.

Just as a child who is angry with someone bites his hands or lips with rage, so the peptic ulcer is the internal digestive bite that the ulcer patient inflicts on himself, full of wrath and remorse for not being able to be sufficiently aggressive—in spite of his violence, which is typical of weak characters—to obtain what is prohibited in the guise of food which is a substitute for other external objects and situations. The fact that the ulcer patient has obtained ample gratification in other aspects of his life matters very little. Childhood prohibitions, which persist in his psyche, have brought about an incapacity for enjoying external objects and obtaining intensive instinctive gratification, which makes all he is able to attain not enough for him. The real triumphs of the ulcer patient produce only apparent satisfaction in him, and have as little effect on him as the water poured into the bottomless vessel of the Danaïdes, leaving him as avid as before.

The theory of the internal bite of the ulcer patient provokes resistance, proof of which is David Kairys' assertion in the *Psychoanalytic Quarterly* (1949, XVIII, p. 100) that ' Garma's idea (8) . . . that the peptic ulcer represents a self-inflicted bite resulting from the inward turning of oral aggression seems . . . to belong more in the realm of allegory than of scientific psycho-analysis.'

The fact that an interpretation provokes resistance does not by any means undo its validity. Two factors must intervene in the resistance against the interpretation of the internal bite in the genesis of ulcus. Firstly, the thought of how there can possibly be a bite in the stomach or duodenum if there is no mouth there to do the biting; and secondly, how it is possible to produce emotionally deep-seated organic disturbances in the stomach and intestine.

Regarding the first objection it must be said that to a psycho-analyst, the displacement of activity from one organ to another owing to repression is widely known. For instance, in psycho-analysis we speak of the genitalization of organs which have nothing to do with the genitalia. In his colitis the wolf man imitated his mother's genital illness. The advancement of psycho-analytic knowledge has also led to the description of pregenital displacements and conversions, such as asthma, which seems to be the equivalent to the inhibited cry and call for the mother. Therefore, that the stomach, in this sense and through a displacement, should be capable of acting orally should not surprise us, especially when we think that the activity of the mouth is only a phylogenetic differentiation from the general digestive activity of crushing food and pushing it down peristaltically in order to assimilate it. Normally, however, owing to repression this normal activity of the stomach and intestine, from which the activity of the mouth is derived, is not consciously perceived.

That strong emotions are capable of bringing about organic modifications in the stomach and duodenum is not surprising either, when we recall that in their case of Tom, Wolf and Wolff were easily able to produce erosions of the gastric mucosa, which have been photographed, by driving him into predetermined affective states. If, therefore, erosions were produced by means of temporary and superficial affects, such as Tom's on those occasions, it seems logical to think that constant and repressed intensive affects, such as those of the ulcer patient, lead to the production of even deeper organic modifications in organs so closely connected with the emotional life as the stomach and duodenum.

A writer with ulcer describes the following fantasy in one of his books: ' An ex-pianist who was in a concentration camp complained of hunger; so he was forced to eat a rat, but a *live rat* ' (writer's italics). The fantasy may be interpreted as follows: The man who has ceased to be a pianist represents an individual who has abandoned his genital position; to play the piano would be genitality, as is frequently the case in dreams. (See dreams Nos. 4 and 299 in our book, *Psicoanálisis de los*

Sueños.) This has occurred owing to submission to the mother, symbolized by the fact of being in a concentration camp. To complain of hunger means to protest against this situation and to wish to be free. In this way the man obtains food, but it turns into a representative of his forbidding mother, who bites him internally, like the live rat he was forced to eat and, as we take it from the quoted fantasy, which gnawed his digestive tract.

Bertram D. Lewin corroborated our interpretation of the internal bite in a case of his. In one of his letters Lewin describes the brother of one of his patients, who suffered from peptic ulcer. He was in constant conflict with his elder brother, in whose factory he worked, and said, referring to him, ' He constantly eats at the walls of my stomach.'

Because of repression, in his associations the ulcer patient does not, as a rule, localize the bite within the digestive tract, but rather disguises it as another type of aggression. This was the case with our first-mentioned patient in whom the peptic ulcer appeared as a wound in the stomach, inflicted aggressively from the outside; or, according to one of his dreams, as a snake bite. This same content, i.e. the bite, is very clear, for example, in the interesting case of ulcus described by Harry B. Levey (9) in which the author occasionally quotes the patient textually. The patient had already undergone six weeks' treatment and was in a psychoanalytic situation of passive, positive transference. According to Levey, the following took place during a week-end visit to his parents: ' One evening he usurped the right to lead the family in prayer which his father had assigned to the older brother. That night he slept fitfully for only two hours, awakening with severe gastric pain. He took soda, returned to bed, and, unable to sleep, recalled that in the third grade at school, while he was standing in a line of pupils waiting to march into the school, his mother appeared, was very angry with him, scolded him as he stood in line and pulled his ear. He now occupied himself with a fantasy of soldiers in grey, dressed in clerical garb, with cowls over their heads . . . " I had the fantasy that I was Jesus and I went to mass in a Catholic church . . . I saw the blessing of the wafers and I do know that miraculously somehow the wafers are changed into the body of Christ. It struck me as the most horrible thing I ever saw, that if this was Christ how could they eat him, detestable cannibals. Then I remembered that I was Jesus and felt for a moment that I would stand up and yell that I am Jesus and that *they were eating my body* '' ' (our italics).

Levey interprets this fantasy of being devoured as the consequence of guilt feelings on account of oral aggressive tendencies. To this may also be added the Œdipal situation of wanting to take his elder brother's (father's) place, in leading the prayers, and the forbidding mother who appears in his childhood recollection of the scolding in line at school, from which he derives the fantasy of the clerical soldiers in line that leads to the cannibalistic episode of the Church in which the patient feels he is being devoured, having been subject to sharp pains from his ulcer shortly before.

One of our analysands simulated being a victim of ulcer trouble when he was a student of medicine. In one of his psycho-analytic sessions he referred to this episode, with significant words which confirm the foregoing interpretations of the digestive bite. He said: ' I felt the terror I had of examinations both as a sensation of emptiness in my epigastrium and of cold as well as the desire to urinate. I also felt as if I was being crushed inside, as if I was being stabbed with something—like the sensation of descending at a great speed or like swinging high.

' The emptiness is like having nothing in the stomach; like the need of food. It is like a claw crushing me inside, tearing my stomach and dragging it downwards. The painful hunger of ulcer patients must be like that—like an electric shock. It is as if there were nothing except the stomach and the sensations of the whole of the body converging in the stomach; *as if I were to bite my own stomach. To bite and to pinch must be the same thing. It is as if someone were scratching and tearing my stomach to bits.* I say stomach although the sensation is in the epigastrium; I picture the stomach.

' After that sensation I usually had diarrhœa; as if I had felt the emptiness in my stomach, then eaten something and finally expelled it.

' *I was thinking of a Walt Disney film where Pluto is punched in the face and swallows his teeth, which then bite his stomach. The film shows something like an X-ray of the stomach with the teeth inside biting it while the poor dog is yelping.* Then he is given a blow on his bottom and the teeth are jerked back into place. I have the fantasy of washing my stomach; of

reaching down for my stomach with my hand, taking it out, turning it inside out and washing it with soap and water.

' The scene of Pluto's teeth causes great hilarity because the dog yelps and barks and becomes desperate. I associate all this with my fantasies of having an ulcer. I used to tell the others I had an ulcer, that I had pains in my stomach and that I had vomited blood during the night. In desperation my sweetheart took me to a radiologist who took a series of X-rays. I was ashamed to say there was nothing wrong with me. The radiologist thought he could see a crater or a deformation of the duodenal bulb.

' It occurs to me that my conduct was due to the fact that I had quarrelled with my sweetheart and I pretended I had pains in my stomach, and I kept up the pretence before everyone. It amused me. As it had to be an ulcer crisis that lasts some time I kept up the pretence for a week. Everybody worried over me and the professor, who was a famous gastroenterologist, and who suffered from ulcer himself, was very solicitous about me.

' In four months' time I repeated this and my sweetheart was again worried. No one knew it was not true. I never had any pains in my stomach but I did vomit once. I wanted to vomit then because I had eaten tomatoes and knew that my friends would believe it was blood, which was exactly what happened.' [2]

The Mother-imago in the Peptic Ulcer Patient

The fact that the ulcer patient somatically localizes his reaction of remorse in the digestive tract depends on the way he has resolved his Œdipus complex, a solution which has driven him to a regression to an oral fixation on his mother, the first person to nourish him and to provoke in him digestive and affective reactions.

On the other hand, the peptic ulcer patient's mother is usually the kind that worries over her son's food and digestion, neglecting or prohibiting any other type of conduct, for instance, genital conduct. Thus, in one of our cases, it was exasperating to see the patient eat because he chewed his food interminably. In spite of being an adult he still exaggeratedly obeyed his mother's childhood advice to eat slowly and chew well so as to avoid a stomach-ache. This went towards fixating his conduct in eating and digesting, which later led to the ulcer.

The essential rôle of the mother in the genesis of ulcus explains its evolution and the points in common which exist between this illness and manic-depressive psychosis, and which, following our considerations, Pichón-Rivière (10) has demonstrated. These points are the periodicity of the symptoms, the patient's fixation to the oral cannibalistic stage of libidinal evolution, the strongly ambivalent attitude towards libidinous objects and the psychological mechanism of introjection of the ambivalently loved object which, in the case of ulcer, is carried out on the psychic representation of the digestive tract, while in the manic-depressive, the whole of the personality is involved. In other words the melancholiac elaborates his traumatic conflict within his psychic apparatus whereas the peptic ulcer patient somatizes his melancholic conflict. In the ulcer patient, the mother, doubly aggressive because of her conduct in real life and the projection on her of his reactive dental sadism, is introjected into the psychic representation of his stomach and duodenum and bites or devours him internally.

Pichón-Rivière also points out that the painful period of the ulcer corresponds to the period of depression in the cyclical psychosis. The mania, with its mechanism of negation, would be represented in the ulcer patient by his apparent attitude of decision and independence with which he attempts to deny the harm caused by the pernicious conduct of his mother or mother substitutes. Also similar to the manic-depressive's belief in psychic omnipotence is the apparent digestive omnipotence of the peptic ulcer patient who sometimes believes he is capable of digesting anything—' even stones '. These ' stones ' represent the harmful mother.

Cases such as one presented by R. W. Pickford (11) confirm the correctness of Pichón-Rivière's opinion on the relation between the peptic ulcer patient and manic-depressive psychosis. Pickford describes a man whose

[2] In order further to verify our theory of the internal bite of the ulcer patient we asked various people where they felt the ' bite ' contained in the word ' remorse ' (L. *re-morsus*, to bite back) or the ' pangs ' in the expression ' pangs of conscience '. The question surprised them and they found difficulty in answering; but when they did many localized the bite in the epigastrium, i.e., the region of the stomach. Other replies also referred to the heart, possibly on account of concomitant anxiety. Finally some replies indicated different organs which, we were told, troubled them ; this meant that they had localized their guilt feelings and remorse in them. Three children also indicated the region of the stomach when asked where they felt pain after quarrelling with their brothers.

illness followed an evolution of three phases: One of apparent normality, a second of ulcer and constipation and a third of depression and obsessions. In the second phase the patient turned his aggression towards his digestive tract, in this way producing the ulceration of his duodenum. In the final depressive phase his aggression was turned towards the whole of his personality; he had hallucinations in which his mother seemed to appear both as a lover and accuser.

The peptic ulcer lesion is usually a single wound with particular characteristics. A similar wound is the one made in a newly-born child by the cutting of the umbilical cord; the scar it leaves, i.e. the navel, is similar to the ulcer in shape.

One of our ulcer patients pointed out the analogy, comparing the peptic ulcer to the wound made in the newly-born child when the umbilical cord is severed. It is probable that the premature cutting of the umbilical cord which happens in the majority of births, causes the child painful sensations which seem to be expressed by the child's movements at the time.

Memory traces of this primary aggression from the outer world, which separates the child violently from its mother, must persist psychically, and it is possible that they are reactivated in future circumstances of life, leading to the formation of an analogous wound such as the peptic ulcer in situations, for instance, in which the individual is forced to sever the ties between himself and his mother or family.

Thus, the ulcer of another of our analysands became manifest when he was planning to make a trip round the world which would take him far from his home and mother to whom he was neurotically attached. At that time the latent meaning of some of his dreams was that of an unfinished birth. For instance, he dreamt he saw someone falling into a wide-meshed net and getting his head caught in the mesh. This gave us the impression that, owing to the above-mentioned mechanisms, he unconsciously produced a wound in his digestive tract, analogous, for him, to the one of the umbilical cord at birth. As a basis for this analogy, we should bear in mind that both the digestive tract and the umbilical cord are organs through which the child is fed by its mother.

The ulcer also appears in psycho-analytic sessions with the significance of a wound of genital castration which, because of an oral fixation, is expressed regressively in the digestive tract, and which has been brought about by the loss or abandonment of an orally and genitally loved person, ultimately representing the mother. The wound that some neurotics imagine the severing of the penis would leave is similar to the real aspect of the ulcer. In the case cited at the beginning of this paper, the conflict between the oral fixation to the mother and the genital fixation to his wife caused the ulcer, which, on separating him from his wife, had the meaning of castration for him.

According to this, in the last instance the future ulcer patient castrates himself because of the prohibition of obtaining substitutes for the bad mother genitally, this castration taking place on a digestive (oral) level. It is doubly expressed: in the first place, as a difficulty in the digestion of food, which represents persons of his environment (viz. the mother he cannot obtain genitally and who is hard to ' swallow '); and secondly, by causing a wound in his digestive tract, the organ with which he makes his digestion and which therefore regressively represents his penis.

The mother of a peptic ulcer patient is usually the type that resists giving her children independence; she does not like them to separate from her. Now, milk is a food which is first given to the child by his mother, while he is in direct physical contact with her. Solid food is already a sign of separation from the mother. Besides, the child usually changes from a diet of milk to solid food when he has begun to get his teeth which, being the organs of oral aggression, are capable of biting, chewing and tearing. Milk, on the other hand, is digested without having to bite—we might say, without aggressiveness, although this is not altogether exact because it must be destroyed digestively in order to be assimilated.

This lack of aggressiveness in the digestion of milk, or similar foods, would explain the beneficial action of the diet given to ulcer patients. They can, in fact, take it without its provoking psychic conflicts by arousing their aggressiveness towards the outer world, i.e. towards the mother, and therefore without the consequent pangs of remorse and the pathological reflection of the latter on their gastro-intestinal activity.

Still more reasons for the beneficial action of milk or similar foods on the peptic ulcer patient may be seen. A child takes milk from its mother's breast at an age when its instinctive relation with its mother does not as yet provoke genital conflict. At that tender age the child

enjoys its mother's charms without encountering any hindrance or reproaches from its parents; it has no Œdipal conflicts as yet. On the other hand, solid food, for instance, meat, is a more adult type of diet; because of this it is given to the child when it is approaching a more advanced libidinous organization, such as the genital. Hence this type of food may come to acquire the meaning of a genital object. This appears, for example, in the current expression ' having a weakness for flesh ' or in the ecclesiastical maxim which states that the three enemies of the soul are the devil, the world and the flesh; the word ' flesh ' in these cases having the significance of a genital object just as in other cases it means a type of food.

This also coincides with the widespread opinion that the eating of meat excites the genital functions, proof of which is the renunciation of meat by many who believe in leading a life of asceticism. Consequently, to eat meat may symbolize having genital intercourse.

Hence, the genital prohibitions the ulcer patient has received from his mother, or substitutive persons, constitute another influencing factor in that certain foods, such as meat, are harmful to him because of their genital significance. That is why the ulcer patient longs to return to the milk diet he was given at an age when he had no genital instinctive conflicts.

In other words: the ulcer patient's conflicts regarding food are also provoked by the introjected psychic image of a mother who forbids genitality but not primary orality. The genital prohibition brings with it difficulties in the digestion of food given in the second oral phase, such as meat, on account of its representing genital objects. This psychological fact is reflected in the Jewish ritual of separating the meat from the milk.

(Owing to the different meanings of different kinds of food, one should not speak simply of an increase of the oral incorporative tendencies when explaining the ulcer patient's psychology, since the meaning varies according to whether he longs for meat or milk.)

The genital meaning of meat and the pregenital one of milk were found with greater clarity in the first-mentioned patient. At the time of his wife's abortion his guilt feelings on account of his genital life greatly increased. He had to go and live with his mother so that she could feed him on milk and sops.

His psycho-analytic treatment showed that his conduct meant the renunciation of genitality and the return to the suckling mother. To eat meat meant, for him, to have genital intercourse, whereas to take milk and sops meant living in a pregenital situation.

He wanted to convince his mother, by taking milk and sops, that she should be kind to him because he had an infantile fixation to her breast. By giving him this kind of food his mother was giving him love, kindly and without harming him internally. The patient was seeking the mother of the first period of life who totally gratifies with her milk—a mother of the type of the Virgin Mary who offers her breast to an innocent child (' innocent ' in its current meaning of ignoring genitality and also in its etymological sense of (L. *in*—not, *nocens*—injurious, harming) one who does no harm, who is not aggressive, i.e. who does not bite his mother's breast).

The Genesis of the Ulcer

With all the data obtained in the foregoing study it is now possible to make a reconstruction of the mechanisms in the formation of the ulcer and its symptomatology.

An examination of the patients leads to the conception of the ulcer as a self-inflicted digestive bite provoked by remorse on account of oral aggressive wishes against the mother's frustrating breast. The mother's breast acquires importance for the patient owing to its regressively representing genital objects, and biting, the act of coitus. In other words the super-ego, i.e. the introjected mother, bites the ulcer patient internally.

We may suppose that the sensation of being bitten or devoured is already felt when the child is hungry and before he carries out his aggressive wishes against his mother's breast. This supposition is in accordance with Freud's line of thought when he considers the masochistic situation to be previous to the sadistic.

Pangs of remorse or conscience would be, above all, the child's fear of punishment, when he believes he has been naughty, which is inflicted by his mother in the form of deprivation of food. According to his experience of hunger, the child would perceive this punishment as being bitten by his introjected mother or his mother's introjected breast. This also means being abandoned by his mother, since it is she who feeds him.

The foregoing study has also tried to prove that the ulcer patient is hungry. He is not hungry through lack of food in itself, since he has

all he wants and is able to eat it. His hunger is a consequence of a prohibition to digest food, since it has the regressive meaning of prohibited genital objects.

Supporting the conception of the ulcer patient as a hungry individual is the fact that the intermittent, gnawing pain of the ulcer seems to depend on the contraction or pangs of hunger. Spasms due to hunger are among the main causes of pain in ulcer.[3]

It was seen in the foregoing study that this prohibition is much stronger regarding the adult type of food, such as meat, than for the infantile type, such as milk. But the prohibition may even extend to milk, as in the case of the ulcer patient treated by Harry B. Levey (12) who said, textually ' Once I saw a circumcision. A very interesting process. Not horrified, but why do I say I was not? I guess I am afraid of castration. Food. That I don't want to eat. Do you know what came to my mind? *Why should I have connected up not eating and castration?* If my father threatened castration, he did it to warn me to keep my hands off his wife. *The way I put my hands on her was to suckle her. The way I must escape castration fear is not to eat.*' (Our italics.)

There are persons who have developed a peptic ulcer after losing something gratifying to them, such as a loved person or economic well-being. These ulcers are provoked, therefore, by the lack of instinctive gratification. Taking as a basis the above considerations and the existence of this type of ulcer, one is led to think that, owing to the oral regression, the loss of genital instinctive gratification is perceived as a lack of food in the stomach or duodenum—that is, as hunger—and that this would create a certain tendency toward self-destruction in these organs.

This tendency towards self-destruction could come from a reaction of these organs to digest themselves when they have no food to digest. But we have the impression that it is also the consequence of something more primitive, analogous to the self-destructive tendency of any organ which cannot carry out its function. In the same way as we admit that the function creates the organ, in these cases it seems logical to assert that the lack of function of an organ devitalizes it.

Following this hypothesis, due to regressive prohibitions of assimilating food, the hunger that is felt by every ulcer patient would be the basic situation in the predisposition to ulcer. Hunger would act, in the future ulcer patient, in the form of diminishing the vital capacity of his stomach and duodenum, making them more susceptible to harm and injury. Supporting this theory is the fact of having been able to produce peptic ulcer artificially in starving rats and badly-fed dogs, experimenting with hypoproteinemia, and also in prematurely weaned calves who were given a diet of rough food. (13)

The question now arises: What psychological influence on the subject has the state of being hungry? We have already pointed out that hunger produces a sensation of being gnawed or bitten. According to Glover and Melanie Klein (14), when a little child is hungry it must feel a sensation of emptiness previous to the gnawing or biting sensation. These authors assert that this sensation of emptiness is what drives the child to fantasies of emptying its mother's body in order to gratify itself with its contents.

The sensation of emptiness would be perceived by the small child as that of being emptied or sucked in the stomach and duodenum by its introjected mother or her breast. It is this psychological situation that gives rise to phobias of sucking animals, which represent the mother, such as the spider, or the legendary animals that either suck the child's blood through its navel or devour the food it has received from its mother by getting into its stomach.

If we now venture to set aside all prejudice, and apply these considerations to the genesis of ulcer, bearing in mind the basic state of hunger existing in all ulcer patients, we are led to think that one factor in the genesis of ulcer may be the psychic image of the introjected bad mother's nipple, which would destroy the stomach and duodenum by sucking and biting them. It would also destroy them with its bad milk which, in the ulcer patient, would be represented by gastric juice and rough food. The shape of the ulcer, which might be described as the mould of a nipple, coincides with this supposition. We think it necessary to expose these thoughts which impress as rather fantastic, leaving our decision regarding their acceptance or rejection pending future investigation.[4]

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[3] J. P. Quigley.

[4] Descriptions of the mother's bad milk harming the subject internally are often found in psycho-analytic treatments. We shall quote, for example, from the case of a 22-year-old woman, not an ulcer patient, in treatment with a woman analyst. The patient's oral frustrations in infancy were accentuated by the fact that a brother was born when she was only a year old.

Going back to the previous considerations, the lack of food or the difficulty in digesting it, due to the regressive oral prohibition of genital objects, predisposes to ulcer. Besides, as it was originally the prohibition of genital objects, or the prohibition of the activity of the penis, i.e. regressively, of the digestive tract, it is also castration which, because of oral regression, tends to be carried out in the digestive tract in the form of losing part of it, as is the case in ulcer. We may also suppose that the painful memory traces of the cutting of the umbilical cord at birth, that also has the meaning of separation from the mother and which, in turn, implies lack of food, may also reinforce these mechanisms of the genesis of ulcer.

These three factors—regressive prohibition of food provoking *hunger*; the idea of phallic *castration*, which, because of oral regression, becomes manifest as a wound in the digestive tract, and also, perhaps, the influence of the memory traces of the traumatic *umbilical wound*—create a psychic complex. Added to this are the *pangs of remorse*, under the aspect of being bitten by the introjected mother as a punishment for the wishes of biting her frustrating breast in order to swallow its contents and destroy its bad qualities. This psychic complex may be called the *situation of predisposition to ulcer*. It is what makes an individual apt to suffer from that illness.

The situation of predisposition to ulcer is one of genital and alimentary frustration, brought about by a forbidding and aggressive super-ego. But together with the prohibitions, the future ulcer patient has, as a rule, been stimulated, by his parents, to act as a capable individual in life. In obedience to them he develops an apparently active and enterprising personality under which he hides the bitterness of his internal frustration, which drives him to instinctive renunciation.

The oral regression found in the ulcer patient brings about the fact that, for him, facing external circumstances, such as undertaking professional enterprises or love affairs, is experienced as eating food and digesting it. His prohibitions of libidinal objects cause difficulties in the digestion of his food and, at the same time, cause him to develop a taste for harmful food or alcohol in order to solve through them, and on a regressive oral level, the needs and conflicts coming from more advanced libidinal stages. This increases or diminishes under the influence of accidental external circumstances which strengthen or weaken the action of childhood experiences.

Following Rado's (15) formulation for toxicomaniacs we may also say that the future ulcer patient seeks alimentary orgasm instead of genital orgasm; and he seeks it in harmful food or irregularity in meals precisely because of the internal prohibition of genital instinctive gratification.

In the last instance, the ulcer patient's digestion of harmful food comes to be his obeying his mother's prohibition of objects together with the contrary attitude of forcing her to help him gratify his instincts. It is also to digest his mother, in the guise of harmful food, in order to destroy her bad qualities. When the future ulcer patient considers himself capable of digesting ' even stones ' he wants to prove with this attitude that he has overcome the disadvantages of infantile submission. The stones symbolize the frustrating mother.

The digestive disorders that usually precede the appearance of the ulcer are brought about by this regression to oral behaviour, and by the taste for harmful food and irregularity of meals.

These disturbances, however, do not often become conscious, and when they do, the patient usually pays no attention to them in order to be able to continue his fictitious independence. This also has been proved experimentally (16). Ulcer patients were found to have a normal

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In one of her psycho-analytic sessions she made a lapsus, saying that if she accepted a certain young man as a suitor it would be like ' stealing his mother away from him ' (instead of stealing him away from his mother). To ' mother ' she associated a frog, a repulsive creature that could *bite* and swallow her. Her thoughts then turned to spiders. ' When I think of a spider's leg touching me, I think it can swallow and kill me. If I feel strong enough to resist this fear, then I feel I want to kill spiders. I feel as if a spider were *stabbing me with its leg* (nipple, penis) *and poisoning me with a white liquid*. I don't like that white, milky liquid. *It is bad milk inside me. It is my bad mother*. It is the milk mother used to give me when she was bad to me; it is poisoning me. You are the spider near me.' At this point she embraced herself in fear, protecting her breasts, which was interpreted as fear of having her breasts destroyed as a punishment for her wishes to destroy her mother's breast. She went on saying, ' I feel that breast feeding was no pleasure for me; I feel I want to *bite*. I cried continually during the first months of my life.'

In these associations we clearly see the content of being bitten by the mother, who is also depicted as a sucking spider, and whose nipple destroys with a white liquid, i.e. milk. This kind of fantasy connected with the stomach and duodenum must also act in the genesis of ulcer. Melanie Klein considers these fantasies occur as a rule in the first year of life—in the phase of maximal sadism.

threshold of perception of cutaneous pain, but in order to react to it they had to be submitted to a greatly increased painful stimulus, this being more noticeable in those patients who had suffered perforations or hæmorrhages without having perceived them. The threshold of perception of pain as well as the threshold of reaction was very high in them.

The individual attempts to overcome the prohibition of genital objects in the regressive form of a prohibition of digesting food by means of an effort to digest it. The way of doing this is by intensifying the motility, tonus and gastric secretions such as is frequently observed in ulcer patients. To obtain genital objects is also, for the ulcer patient, similar to trying to digest indigestible food, which forces him to gastrointestinal efforts.

According to this conception, therefore, the frequent intensification of the gastric activity of ulcer patients would not in itself cause the ulcer. It is, rather, a defence mechanism against the factors in ulcer which, in the last instance, are hunger due to the prohibition of digesting food or being harmed by what is eaten, and, on the contrary, gastric hyperactivity would constitute an effort to perform the digestion.

The ulcer patient's gastric hyperactivity seems to be an effort at overcoming instinctive prohibitions; but, as has already been pointed out, its action brings complications. This digestive effort the ulcer patient makes has the meaning of oral aggressive tendencies to bite his mother's breast in order to obtain thus, regressively, the prohibited genital objects. It also has the meaning of destroying this breast, which is already an introjected object representing the forbidding parents. These tendencies towards gastric efforts are opposed, therefore, to infantile submission: they ought not to be gratified and provoke pangs of remorse in the individual.

They provoke pangs of remorse and, consequently, the turning of the aggression against the aggressive organ itself, which in this case is the stomach or duodenum. In short: instead of making efforts, with hyperchlorhydria, to digest his food, which represents his mother, both as a desired genital object who is hard to obtain and as the super-ego he wants to destroy, following the law of retaliation, he allows himself to be punished by his mother who is introjected in his super-ego, by digesting himself.

It is in this secondary way that gastric hyperchlorhydria, or continuous chlorhydric secretion, collaborates with the other factors which have been pointed out in the production of ulcer. The digestive pangs of remorse due to the efforts towards independence, and which, judging by the chlorhydric hypersecretion, are also aggressive, now act with the aid of this very hyperchlorhydria upon the situation of predisposition to ulcer or upon the ulcer itself if it has already been produced. It is exactly what happens in a child who bites himself because he was punished on account of wanting to bite his mother's breast in order to get the food she would not give him, in a justified effort at satisfying his hunger. That is, without being in itself the primary cause of ulcer or its symptoms, chlorhydric hypersecretion intervenes in the genesis of ulcer and accentuates its symptoms, such as pain. This concept explains the paradox of the independence and, at the same time, the dependence clinically observed between the symptoms of ulcer and chlorhydric secretion.

Our psychological deductions also coincide with other clinical data. One of the most typical symptoms of ulcer is the so-called hunger pain; this is alleviated by the ingestion of food although this later provokes fresh pain. As the name itself implies, hunger pain is the pain caused by the lack of food; and as we saw above, the lack of food is also the consequence of the prohibition to assimilate it, because of the meaning of genital object it has for the patient. In spite of everything, the hunger pain is overcome by means of eating food, because eating has the regressive meaning of overcoming infantile prohibitions and of attaining the desired objects by means of efforts expressed as gastric hyperactivity. On eating the objects, i.e. food, the hunger pain is calmed; but as they are forbidden objects, they bring about fresh pangs of remorse, in other words, a fresh gnawing or biting pain in the stomach or duodenum—a pain of the same characteristics as the previous hunger pain and, therefore, also susceptible to alleviation by means of a further ingestion of food.

The situation of predisposition to ulcer is combatted by the ulcer patient through his efforts to lead a normal life and his attempt to cancel his intrapsychic prohibition of genital instinctive gratification. On an oral level his effort is gastric hyperactivity; in his behaviour towards the outer world, his effort seems to be the development of an active, independent and enterprising personality. Hence, authors have

characterized the ulcer patient as ' close-mouthed ', ' self-sufficient ', and a ' go-getter '.

An example of this personality of the ulcer patient is the remarkable difference in behaviour during the last war between soldiers with peptic ulcer who actively carried out their duty, complaining very rarely, and gastric dyspeptics who were almost useless and, at the same time, continually complained.

A neurosis is, as a rule, childhood conflicts plus actual conflicts. Ulcer comes to be the same thing. When actual conflicts are added to the situation of predisposition to ulcer, thus strengthening it, the ulcer is produced.

These actual, activating conflicts are divers and may be classified in three groups, according to whether they increase the individual's situation of lack of instinctive gratification, aggression from the external world or remorse on account of genital behaviour.

The first type of conflict, which increases the lack of instinctive gratification, is the loss of a loved person, or its equivalent, the loss of social or economic position. This conflict acts upon the person by regressively provoking hunger. This is the case, for instance, in ulcer which develops in a woman whose husband leaves her and who has to struggle against economic insecurity. Belonging to this group are the majority of the cases described by Daniel T. Davis and A. T. Macbeth Wilson (17) in their well-known paper, in which they state that of 205 cases of ulcer observed, 84 per cent began to show symptoms when some event affected their economic situation or the health of a relative. The same kind of conflict explains the 25 per cent increase of deaths due to perforated ulcer which occurred in the United States after the depression of 1929.

Conflicts started by the increase of external aggression act upon the individual because he accepts it, adding it to that of his aggressive super-ego, i.e. the action of the psychic image of his mother who bites him internally. This mechanism explains the increase of hæmatemesis due to ulcer or perforation of ulcer in London at the beginning of the last war and during the ' blitz '. The same occurred among the German troops when their victories ceased and they were pursued. It is also the case with ulcer patients married to aggressive women, or those who make excessive efforts in order to succeed, which has the same unconscious meaning as making a painful digestion of food that is difficult to digest, and which they consider necessary.

The conflicts provoked by genital behaviour that causes pangs of remorse also act, as the expression itself implies, as a reinforcement of the psychic image of the introjected orally aggressive mother. The case described at the beginning of this paper belongs to this group, since his ulcer became manifest on the occasion of his marriage, which made him feel guilty of having abandoned his mother. Also owing to remorse, the ulcer became worse when his wife suffered an abortion. In other cases, the remorse is apt to arise, in the way of a melancholic mechanism, through aggressive behaviour in the genital object, through the individual's difficulties in intercourse, e.g. ejaculatio præcox, or owing to actual genital motives that reactivate recollections of past homosexuality.

The indicated division between infantile and actual conflicts and, above all, the distinction between the three groups of conflicts, is schematic. That the ulcer patient is happy in his situation of predisposition to ulcer until an actual, activating conflict makes its appearance, is not the case. Neurotic disturbances are usually already present before the ulcer itself, and are reflected or not, as the case may be, in the digestive activity.

Similarly, the activating actual conflict is not, as a rule, single or of a single type. This is due to the fact that Œdipal prohibitions in childhood drive the individual to a situation in which libidinal objects are lacking, and at the same time, to the choice of other objects which have aggressive characteristics and give him remorse.

Thus, because of this previous psychological situation, one of our ulcer patients had genital intercourse with a near relative who, some time later, reported the affair to the family. The ensuing scandal, which intensified his remorse, forced him to move to a distant small town, far from his parents and in a difficult and aggressive environment. It was then that the ulcer appeared.

Once the ulcer appears, its ulterior course is determined by the factors of the patient's oral regression and his orally aggressive super-ego. These stamp the course of the ulcer with a manic-depressive rhythm with periods of well-being in which the patient is free from pain, and others full of suffering. This can be modified by the action of external circumstances upon the patient, such as the influence of a treatment.

SUMMARY

A person with predisposition to ulcer has made a partial regression to the oral stage of the libidinous organization. Ulcer is an illness provoked by the psychic image of a bad and frustrating mother who, in the same way as food which is hard to digest, injures the patient in his digestive tract.

The future ulcer patient's mother does not, as a rule, provoke great oral frustrations in his childhood, but she usually worries excessively over his food, thus creating fixations in the oral instinctive organization. Later on, she often keeps him in a situation of Œdipal dependence on her, with the prohibition of extra-familiar genitality. At the same time she is apt to impel her child towards an active social life.

The situation of predisposition to ulcer is constituted by various factors. One of them is the lack of genital instinctive gratification which is experienced regressively as hunger due to the lack of food and which injures the digestive tract. The others are the possible psychic memory traces of the trauma of umbilical separation from the mother, fear of genital castration, carried out regressively in the digestive tract, and the remorse due to aggressive wishes against the mother, or related objects, which is felt as a digestive bite by the mother introjected in the super-ego.

Parental prohibitions of instinctive gratification regressively bring about prohibitions of digesting food, especially severe regarding the kind of food, e.g. meat, which may represent genital or aggressive objects. Thus difficulties in digestion are originated. Besides, the person predisposed to ulcer is usually irregular in his meals, or else chooses food which is harmful, driven by the infantile need of having to accept a frustrating and bad mother, and objects related to her, which, for him, are harmful food. He also seeks harmful food because to destroy it digestively has the meaning of overcoming the bad qualities of the mother or other objects. Similarly, the efforts made by the ulcer patient to maintain his normality are experienced regressively as having to digest difficult food.

In this way the future ulcer patient develops digestive trouble which, in his eagerness for independence, he tries to ignore. Besides, in order to overcome his digestive complications he is sometimes apt to develop gastric hyperactivity (hyperchlorhydria, hypersecretion and hypermotility) which is primarily a defence but which secondarily leads to remorse since it means an attempt to free himself from his infantile submission to his parents. The remorse due to gastric hyperactivity intensifies the already existing remorse in the situation of predisposition to ulcer which brings with it the introjected mother's digestive aggression. This aggression is carried out on a part of the gastroduodenal wall bereft of protecting mucus, and aided by gastric motility and secretion, and rough, undigested food.

The actual conflicts act upon the predisposing situation, this activating the development of the ulcer. These activating conflicts may be the loss of libidinal gratifications, such as the death of a loved person or bankruptcy, or external aggression such as an increase of business difficulties, or remorse on account of genitality, as, for instance, an unfavourable marriage. The former conflicts intensify the situation of hunger in the predisposing situation; the two latter, the digestive aggressiveness of the maternal super-ego.

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CHRONIC, EXUDATIVE, DISCOID AND LICHENOID DERMATITIS (SULZBERGER-GARBE'S SYNDROME): CASE ANALYSES

By DR. MAX SCHUR, New York [1]

This paper is based on studies carried out at New York University on cases from the skin ward of Bellevue Hospital, New York. Its purpose is to establish the relation of emotional to genetic and external factors in the ætiology of dermatoses, with the hypothesis that, in some, emotional factors might be predominant. I chose as method the analysis of representative cases of an entity, followed by extensive interviews and narcoanalysis of a large number.

The entity I am discussing affects only men, starting in the mid-thirties. The chief complaint is of crises of maddening itch, mainly at night. Starting nearly always on the penis, it spreads to the whole body. Besides permanent lesions, which are first exudative-discoid, then lichenoid, often resembling *Mycosis fungoides*, there is also an urticarial phase. Ætiology is quoted as unknown; the state is chronic, has its remissions, but is considered incurable.

Of the two analysed cases, I quote in greater detail one, still under treatment.

A thirty-seven-year-old office worker, sick and mostly hospitalized since the age of one and a half, one of the worst cases we had in our ward. His appearance was peculiar; tall, slightly under weight, posture over-erect or very sloppy, the face rigid, the eyes lacking normal motion, unable to talk freely or to associate. The incident precipitating the outbreak was: He had saved $200, which his wife wanted to lend to her father. Faced with the choice between ' giving up his security ' and hurting his father-in-law and his wife, he gave in after endless arguments, but felt terrible about it. After a few days he had the first lesion on his penis, soon followed by generalization.

After some sessions came a confession: ' I got it on my hands because I have stolen—on my penis because I was unfaithful.' Years ago he had stolen money meant for the Infantile Paralysis Fund. Why? ' He needed it for his security.'

His complaints now shifted to his eyes. They did not move freely, especially they would not turn to the right and upwards. It started in his adolescence. Why? Squeezing acne pimples on his nose strained his eyes. It became bad just after his marriage. He left work, and his wife took a job while he was collecting different glasses in various eye clinics. Now it had come back. My assumption of a functional inhibition was confirmed by the ophthalmologist. I suspected some deeply repressed visual trauma. To my surprise, my question: With whom did he share his room as a child? brought the following story. The youngest of seven, he slept until he was six years old in the same bed with his parents, himself next to the wall, the mother between him and the father. When they had intercourse, he was supposed to lie on his left side, facing the wall. Occasionally the mother would turn his head towards the wall during the intercourse. In order to see, he had to look towards the right and upwards. He frequently saw their intercourse, performed as he thought mostly *a tergo*, described by him as ' by rectum '. He pretended to be asleep, trying to hold his breath and slow down his pounding heart, occasionally wetting his bed or passing gas.

Most of his symptoms can be traced to this series of primal scenes, continuing through all phases of his instinctual and ego development. Some of it was even obvious to the patient. He was aware how he was fascinated by the big penis of his father, of his interest in the rectum, of the wish to have his father do the same thing to him, but also of his desire for his mother. After leaving his parents' bed, he slept with an elder brother, who started to manipulate his rectum. He in turn, playing

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doctor, did the same to a little girl. When masturbating in his adolescence he could not discharge. He succeeded in discharging at seventeen, looking at pictures of intercourse or of women seen from behind. He did some ' necking ', but avoided intercourse, giving three reasons: fear of deflorating a girl, his inability to discharge, and—introducing a new symptom—his thinness. After failures with prostitutes, he succeeded with an experienced divorcée. He married at twenty-five years of age. He used to get satisfaction only when starting *a tergo*—called by him, ' by rectum '—or by licking the vagina. Then began homosexual affairs with ' pick-ups ' in underground lavatories; passive rectal intercourse, later fellatio.

The third important symptom was thinness. A poor eater, he was a skinny child, and ' Skinny ' became his nickname. To hear himself so called filled him with rage and humiliation. He dreaded a haircut, as it meant seeing his thinness in the mirror. To hide his thinness he wore several sweaters in mid summer. To be touched by his wife, especially to be with his family, made him feel thin. Nothing would convince him that he was not abnormally thin. As a child he used to hide his penis when his mother was bathing him. He slept on his stomach; otherwise his wife would be able to see his penis in an unerected state. The feeling of thinness led to projection, especially after his skin outbreak. Preoccupation with his looks contrasted with neglect of his dress and of cleanliness. This centred for a while on the problem of growing a moustache, with endless discussions about its appearance. The symptoms culminated in the following big compulsive scene: ' Some years ago I looked one day in the mirror. Suddenly I felt and heard my eyes snapping into position, so that I could see myself clearly. I was standing very straight, my shoulders up. But then air went out of my system, and my shoulders began to sag, going deeper and deeper.' He actually passed gas and belched. When asked how far the shoulders came down, the answer was: ' You don't understand, they have to come down '. The end was despair about thinness. This daily scene was later replaced by endless inspections of his lesions.

In this compulsive scene, a condensation of his whole neurosis, besides the obvious relation to the primal scenes, the anal element is represented by expulsion of gas and the stress on the air going out of his system. There was a wealth of other anal symptoms. As a child, bathing meant loss of dirt; he was told water was bad for the skin, so he did not wash for weeks. An additional bowel movement after intercourse worried him intensely. Worry about money precipitated his disease. He stole money for his security. He had an obsession for accuracy in watches. As a background, he had had frequent enemas throughout his childhood.

But his anxiety alone brings understanding into this maze of symptoms. It concerns all functions. Presently it became centred on the skin—he dreaded the night, it meant itching, scratching. To see lesions on other patients, or his own being seen by others, made him panicky. Shaving was an ordeal of fear. Seeing blood made him faint. Passing urine and stools left him weak and empty. Sunshine showed up his thinness, stepping on snow made a terrifying noise—like stepping on cockroaches. He dreaded cockroaches, bed-bugs, lice, which had been abundant in his childhood. He dreaded ice cream—it meant tonsillectomy, being without mother. In his, mostly undisguised, incestous dreams castration-anxiety was very great. But here his defences were adamant. He was sure he was afraid *now*, because of his skin, eyes, thinness, but had not been as a child. The memory that at five an uncle had threatened to cut his penis when he played with it left him unshaken—' Why should a little boy be scared of a joke? '—thus illustrating his ability for mental block.

After eighteen months of treatment his skin became clear of permanent lesions, but he still had frequent attacks of itching. His eye symptoms were negligible, especially after he once said: ' I think my eyes have to be contracted, as my penis has to be erect, that makes them tire.' His homosexuality was dormant. But the obsession about thinness, the ambivalence, the lack of understanding for the impact of the infantile situation and the meaning of the skin symptoms persisted. He knew only that fears made him itch.

Surprising material began to emerge, about another brother, the memory of whom he had completely suppressed. Mentally defective, with a paralysis and atrophy of his right extremities, a speech defect and epileptic fits, he was still living in an institution. This was brought out with very great reluctance and anxiety.

His father now got a coronary thrombosis.

For weeks the patient took it quite well, discussing the possibility of his death and his problems of competition, hostility, feelings of guilt. At many sessions he discussed only his moustache. But one day he saw a catheter in his father's penis. The penis looked very small, covered with blood; the urine was bloody. He developed very deep anxiety. Next day he dreamt: ' I am deeply indebted to a man. His stature is that of my father, but he is a doctor. I feel the only way to show him my gratitude is to let him stick his penis into my rectum. I see his genitals; they are quite old and small.' Here finally the father was the one with the small penis, but he could not stand the triumph.

This is illustrated by the dramatic crescendo which now followed. In the dream quoted he sacrificed his male sexuality. In the next he dreams: ' I was a girl and was looking for a man with a big penis '. Then dreams were not enough. He shaved off his precious moustache. This futile sacrifice created only more anxiety. After a panicky night he woke up—with a lesion on his penis, as at the start of the illness. And so under the spotlight of the analytical situation, we see a development equal in its validity to any clinical experiment.

The father died shortly afterwards. The patient spent the night in his mother's home, panicky, itching, scratching, with the feeling of extreme thinness. It was obvious that thinness was not only dreaded humiliation, but was also necessary defence.

He brought out more dreams filled with all aspects and roots of his castration-fear, mainly in connection with the discovery of the female genitals; also more material about his brother, named Isaac. He was the living confirmation of all fears. The paralysis and atrophy explained the meaning of thinness. He understood now why he stole the money from the Infantile Paralysis Fund, his fear of insanity, which he called thinness of the mind. This flood of material brought overwhelming anxiety. He had more skin lesions, each localization with its determination. He spent many sessions in a semi-stupor. With complete psychotic breakdown a definite threat, I had to help him to reinstate certain defences. He had to be readmitted twice for a period of several weeks. Eventually he could resume his analytic progress. Memories and acting out brought significant material about his mother and the importance of his exhibitionism, all in relation to his symptoms. F.I. ' I was pulling the scales of my skin. Pulling one means masturbation. In playing with some kids they pulled my pants down and saw how small my penis was and spat on it. Scales, my mother taking my weight, scolding me for not gaining, I felt so thin.' He tried to undress in front of me, so I could tell him how thin his shoulders are. He reacted to my refusal with depression and stupor, but dared finally to voice his resentment and hostility. And then he said one day: ' In a way I replaced my parents with the mirror, wanting it to tell me that I am not thin.' His mother, besides not accepting his exhibitionism, had been turning his face towards the wall, while she slept with his father, and she was giving him the enemas. He had some patch-tests on the ward. Mad at the doctor, he scratched himself violently, creating quite some damage. Asked why, he said: ' I had to show him what he did to me ', then, ' It is like I refused to eat when I was mad at my mother. Might be I also wanted to show my wife, and her father, what they did to me, when they took my money.' During the subsequent period of working through, the remaining lesions healed.

Reconstructing his development, he had an extreme fixation on the anal level with great anxiety about anal castration; persistence of the anus as an erogenous zone, ambivalence, narcissistic cathexis of stool and its derivatives. The primal scene first created inarticulate panic, then became the source of constant sex-stimulation. In the early phallic phase anal drives were still dominant, coinciding with the admiration for his father's penis and the wish to replace the lost fæces by it. Oral fixation and biological needs evoked also desire for his mother. Scoptophilia and exhibitionism were over-cathexed. Threats for masturbation, the discovery of the female sex organs, created, after fusion with previously acquired anxieties, overwhelming castration-anxiety. This was emphasized by the fate of his brother. The humiliating comparison of his penis with that of his father forced him to make a penis substitute of his whole body. Now everything goes in two directions: thinness is humiliation, but is also essential defence. Looking is temptation; it must be inhibited. Each defence brings new ego-limitations and new anxiety. The mirror scene is a recapitulation of the primal scenes and his reactions. He dares to look. His whole body participates in the erection. He wishes and dreads

the collapse of his father's penis. With the passing of gas comes the anticlimax, *his* shoulders have to come down, they sag, the end is rage and despair.

When the conflict reaches unbearable intensity, only two ways are open: complete psychotic breakdown or the organic lesion. Corresponding to a very primitive super-ego, any upsurge of aggressive or sex-drives creates not yet guilt feelings but, deepest anxiety of retaliation from the outside, felt as castration fear. The symptoms, with all their self-destruction, are not just self-punishment, but correspond to the magic of sacrifice. The lesion on the penis is, like thinness or homosexuality, a sacrifice of a *pars pro toto*. This mechanism of sacrifice applies also to other studied cases of various dermatological entities. On another level, the self-destruction is also the destruction of the object, corresponding to deepest identification: 'When I do not eat, I punish my mother'. But the lesion expresses also something else: I am quoting the patient—'My fingers itched, I looked at them, my heart was pounding, I felt goose-pimples and then I saw new lesions coming up.' He has used the same words when talking about the primal scenes. As in the mirror scene, we see in the lesions the constant formation of new erected organs. Each lesion had to be scratched off, repeating the biphasic compulsion of erection and collapse. The lesions on the face were so easy to exhibit, they were also the last to disappear. We understand now the projection, so common in dermatoses: '*Everybody must notice it*'.

Only a sketchy outline of the second case will be given. It is that of a Jewish man of forty-eight years, his wife a Catholic. Their relation is characterized by his statement: 'I did not give her enough money; she did not give me enough sex.' He started to gamble on horses, mostly losing. He decided to risk his last $25 on Yom Kippur of all days, the Day of Atonement. He bet everything on a horse with only an outside chance. It came in first, but instead of paying 50 to 1, it was disqualified. After two weeks of rage and despair came a lesion on the penis, on a spot where in his adolescence he had had a painful swelling after masturbation. The doctor diagnosed scabies. Thinking that this meant venereal disease, he developed more fear, and shortly afterwards a generalized eruption.

Background of the traumatic scene: the $25. After the death of his mother, the father remarried at sixty-four. Soon being without money, he once begged the patient for $25. His refusal provoked a big scene, after which the stepmother left the father, who shortly afterwards died.

The Day of Atonement. The father, a pious Jew, had encouraged his relationship to his present wife, then employed as a model in his factory. But when they married, he threw them out. They had a son, who fell sick with pneumonia. The grandfather refused any help, and the child died on the Day of Atonement.

Previous neurotic symptoms: Claustrophobia at thirty-three, precipitated by financial difficulties, conflicts with his father and a prostatitis treated with intraurethral manipulations and enforced sexual frustration by the same doctor who now diagnosed scabies. In his adolescence a prolonged period of compulsive preoccupation with the death of his parents.

He now brought abundant material about early seduction, mutual masturbations with his brothers and various aspects of his castration anxiety in connection with his conflict with his father. Some examples: memories of a summer resort when he was seven; the mother pregnant, the father visiting every week-end, arriving with what was called a bulltrain. Obvious auditory, perhaps visual, primal scene observation. Then a sudden chain of associations: a snake on the porch of the house, he fleeing, squeezing his thumb in the door, to his mother's room, bleeding badly. After associating Eve and the snake, came a weird replica of the legend of Dædalus and Icarus. At six he was attending chedar—a Jewish elementary school. A child asked the teacher about Jesus Christ. The teacher answered: 'I don't know much about him, but I will tell you another story. There was a wonderful scholar who announced he could perform the miracle of flying. He tried it—but God sent an angel, who killed him by urinating at him.' He ran to his father asking whether this was possible. The bewildered father said the teacher was right. He hated his father, the teacher, the Jewish religion. Another important root to the Yom Kippur scene.

For a while the lesions on his legs were predominant, until he remembered how, when he was six, his father fell sick and could not use his legs. While bathing him, his mother told him 'You have the same kind of legs as your father', thus filling him with panic. A dream about coffins brought the following memories:

when he was five an epidemic struck the city. Coffins with dead children were taken from many homes, the mothers lamenting. His mother made him wear a little bag containing terrible-smelling camphor as a disinfectant. Then he associated his bed, filthy from ointments and peeling skin, and suddenly memories of how he, living then in the slums of New York, fell ill with a skin rash, probably scarlet fever. The doctor prescribed enemas, represented in dreams by an atom bomb. One evening there was dim candlelight, the father holding him tight and trying to force bad-tasting medicine down his throat. When he refused the father bit him in the shoulder, inflicting a bleeding wound. His peeling skin now brought still earlier memories. He was four, watching his mother peeling potatoes with a sharp knife. He wanted to do it too, when an aunt took the knife, threatening to peel him. And he had ample reason to be afraid of that aunt. On a cold winter day, when he was only two and a half, the same aunt was holding him naked over the kitchen stove, to warm him. She dropped him, and he had a bad burn, requiring weeks of dressing and ointments.

The analysis of this infantile material and its relationship to the traumatic scene and his skin eruption brought complete recovery. He has remained cured for two years.

In the film-script-like traumatic scene were all the elements of the conflict. He failed in his final biggest gamble. The sequence was again: rage, humiliation, increasing hostility, unbearable increase of anxiety with the same outcome—the organic symptom. Again the magic element of sacrifice.

What determined the choice of the organ in these cases? In contrast to many other dermatoses no genetic factor was discernible. The only external factor was the damage through scratching. It was logical for the penis to be the first site of the lesion—but why the skin? In these two cases the analysis could supply at least a plausible hypothesis. In the first case the nickname, ' Skinny ', contained the whole conflict. In the language of the primary process the patient really became skinny. In the second case the severe burn at two and a half and the worst infantile traumatic situation occurring during the patient's scarlet fever, the swelling of his penis after masturbation, could have channelled the choice of the skin. Once the skin is chosen it becomes an extremely handy organ for expressing the conflicts around narcissism, exhibitionism, aggression, masturbation, compulsive trends, etc.

Three more cases of the same entity were studied in extensive interviews and narco-analysis. They showed essentially the same structure.

In conclusion let me stress: (1) the method applied by me, of relying mainly on analysis of representative cases of an entity, proved to be fruitful. It is being applied to other—and should be to all—dermatological entities, and beyond that, to any so-called psychosomatic syndrome. It will teach us more than statistics based on generalization can do.

(2) For what I believe to be the first time a big incurable dermatological entity of unknown origin could be explained as the dermatological manifestation of a neurosis and treated successfully by psycho-analysis.

(3) The concept of the defence mechanism of magic sacrifice seems to be of particular importance in certain psychosomatic disorders.

ON THE CRITERIA FOR THE TERMINATION OF A PSYCHO-ANALYSIS

By MELANIE KLEIN,[1] London

The criteria for the ending of an analysis are an important problem in every psycho-analyst's mind. There are a number of criteria on which all of us would agree. Here I shall suggest a different approach to this problem.

It has often been observed that the termination of an analysis reactivates in the patient earlier situations of parting, and is in the nature of a weaning experience. This implies, as my work has shown me, that the emotions felt by the baby at weaning time, when early infantile conflicts come to a head, are strongly revived towards the end of an analysis. Accordingly, I arrived at the conclusion that before terminating an analysis I have to ask myself whether the conflicts and anxieties experienced during the first year of life have been sufficiently analysed and worked through in the course of the treatment.

My work on early development [2] has led me to distinguish between two forms of anxiety: persecutory anxiety, which is predominant during the first few months of life and gives rise to the ' paranoid-schizoid position ', and depressive anxiety, which comes to a head at about the middle of the first year and gives rise to the ' depressive position '. I arrived at the further conclusion that at the beginning of his postnatal life the infant is experiencing persecutory anxiety both from external and internal sources: external, in so far as the experience of birth is felt as an attack inflicted on him; and internal, because the threat to the organism, which, according to Freud, arises from the death instinct, in my view stirs up the fear of annihilation—the fear of death. It is this fear which I take to be the primary cause of anxiety.

Persecutory anxiety relates mainly to dangers felt to threaten the ego; depressive anxiety relates to dangers felt to threaten the loved object, primarily through the subject's aggression. Depressive anxiety arises through synthetic processes in the ego; for as a result of growing integration, love and hatred and, accordingly, the good and bad aspects of the objects came closer together in the infant's mind. Some measure of integration is also one of the preconditions for the introjection of the mother as a complete person. Depressive feelings and anxiety come to a climax—the depressive position—at about the middle of the first year. By then persecutory anxiety has diminished, although still playing an important part.

Interlinked with depressive anxiety is the sense of guilt relating to harm done by cannibalistic and sadistic desires. Guilt gives rise to the urge to make reparation to the harmed loved object, to preserve or revive it—an urge which deepens feelings of love and promotes object relations.

At weaning time the infant feels that he has lost the first loved object—the mother's breast—both as an external and as an introjected object, and that his loss is due to his hatred, aggression and greed. Weaning thus accentuates his depressive feelings and amounts to a state of mourning. The suffering inherent in the depressive position is bound up with an increasing insight into psychic reality, which in turn contributes to a better understanding of the external world. By means of the growing adaptation to reality and the expanding range of object relations, the infant becomes able to combat and diminish depressive anxieties and in some measure to establish securely his good

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[1] Paper read at the 16th International Psycho-Analytical Congress, Zürich, August, 1949.

[2] cf. the following papers by Melanie Klein:
' A Contribution to the Psychogenesis of Manic-Depressive States '. *Int. J. Psycho-Anal.*, 1935.
' Mourning and its Relation to Manic-Depressive States '. *Int. J. Psycho-Anal.*, 1940.
Both contained in Klein, *Contributions to Psycho-Analysis*, 1921–45. (International Psycho-Analytical Library, No. 34, Hogarth Press, 1948.)
' Notes on some Schizoid Mechanisms '. *Int. J. Psycho-Anal.*, 1946.
' A Contribution to the Theory of Anxiety and Guilt '. *Int. J. Psycho-Anal.*, 1948.

internalized objects, that is to say the helpful and protective aspect of the super-ego.

Freud has described the testing of reality as an essential part of the work of mourning. In my view, it is in early infancy that the testing of reality is first applied in attempts to overcome the grief inherent in the depressive position; and whenever in later life mourning is experienced, these early processes are revived. I have found that in adults the success of the work of mourning depends not only on establishing within the ego the person who is mourned (as we learned from Freud and Abraham), but also on re-establishing the first loved objects, which in early infancy were felt to be endangered or destroyed by destructive impulses.

Although the fundamental steps in counteracting the depressive position are made during the first year of life, persecutory and depressive feelings recur throughout childhood. These anxieties are worked through and largely overcome in the course of the infantile neurosis, and normally by the onset of the latency period adequate defences have developed and some measure of stabilization has come about. This implies that genital primacy and satisfactory object relations have been achieved and that the Œdipus Complex has been reduced in power.

I shall now draw a conclusion from the definition already given, namely that persecutory anxiety relates to dangers felt to threaten the ego and depressive anxiety to dangers felt to threaten the loved object. I wish to suggest that these two forms of anxiety comprise all anxiety situations the child goes through. Thus, the fear of being devoured, of being poisoned, of being castrated, the fear of attacks on the ' inside ' of the body, come under the heading of persecutory anxiety, whereas all anxieties relating to loved objects are depressive in nature. However, persecutory and depressive anxieties, although conceptually distinct from one another, are clinically often mixed. For instance, I have defined castration fear, the leading anxiety in the male, as persecutory. This fear is mixed with depressive anxiety in so far as it gives rise to the feeling that he cannot fertilize a woman, at bottom that he cannot fertilize the loved mother and is therefore unable to make reparation for the harm done to her by his sadistic impulses. I need hardly remind you that impotence often leads to severe depression in men. To take now the leading anxiety in women. The girl's fear lest the dreaded mother will attack her body and the babies it contains, which is in my view the fundamental female anxiety situation, is by definition persecutory. Yet, as this fear implies the destruction of her loved objects—the babies she feels to be inside her—it contains a strong element of depressive anxiety.

In keeping with my thesis, it is a precondition for normal development that persecutory and depressive anxieties should have been largely reduced and modified. Therefore, as I hope has become clear in the foregoing exposition, my approach to the problem of terminating both child and adult analyses can be defined as follows: persecutory and depressive anxiety should be sufficiently reduced, and this—in my view—presupposes the analysis of the first experiences of mourning.

In passing I should say that even if the analysis goes back to the earliest stages of development, which is the basis for my new criterion, the results will still vary according to the severity and structure of the case. In other words, notwithstanding progress made in our theory and technique, we have to keep in mind the limitations of psycho-analytic therapy.

The question arises how far the approach I am suggesting is related to some of the well-known criteria, such as an established potency and heterosexuality, capacity for love, object relations and work, and certain characteristics of the ego which make for mental stability and are bound up with adequate defences. All these aspects of development are inter-related with the modification of persecutory and depressive anxiety. Concerning the capacity for love and object relations, it can easily be seen that these develop freely only if persecutory and depressive anxiety are not excessive. The issue is more complex as regards the development of the ego. Two features are usually emphasized in this connection, growth in stability and in the sense of reality, but I hold that expansion in the depth of the ego is essential as well. An intrinsic element of a deep and full personality is wealth of phantasy life and the capacity for experiencing emotions freely. These characteristics, I think, presuppose that the infantile depressive position has been worked through, that is to say, that the whole gamut of love and hatred, anxiety, grief and guilt in relation to the primary objects has been experienced again and again. This emotional development is bound up with the nature of defences. Failure in working through the depressive position is inextricably linked with a predominance of

defences which entail a stifling of emotions and of phantasy life and hinder insight. Such defences, which I termed ' manic defences ', although not incompatible with a measure of stability and strength of the ego, go with shallowness. If during an analysis we succeed in reducing persecutory and depressive anxieties and, accordingly, in diminishing manic defences, one of the results will be an increase in *strength* as well as in *depth of the ego.*

Even if satisfactory results have been achieved, the termination of an analysis is bound to stir up painful feelings and revive early anxieties; it amounts to a state of mourning. When the loss represented by the end of the analysis has occurred, the patient still has to carry out by himself part of the work of mourning. This, I think, explains the fact that often after the termination of an analysis further progress is achieved; how far this is likely to happen can be foreseen more easily if we apply the criterion suggested by me. For only if persecutory and depressive anxieties have been largely modified, can the patient carry out by himself the final part of the work of mourning, which again implies a testing of reality. Moreover, when we decide that an analysis can be brought to an end, I think it is very helpful to let the patient know the date of the termination several months ahead. This helps him to work through and diminish the unavoidable pain of parting while he is still in analysis and prepares the way for him to finish the work of mourning successfully on his own.

I have made it clear throughout this paper that the criterion I suggest presupposes that the analysis has been carried back to the early stages of development and to deep layers of the mind and has included the working through of persecutory and depressive anxieties.

This leads me to a conclusion regarding technique. During an analysis the psycho-analyst often appears as an idealized figure. Idealization is used as a defence against persecutory anxiety and is its corollary. If the analyst allows excessive idealization to persist—that is to say, if he relies mostly on the positive transference—he may, it is true, be able to bring about some improvement. The same, however, could be said of any successful psycho-therapy. It is only *by analysing the negative as well as the positive transference* that anxiety is reduced at the root. In the course of the treatment, the psycho-analyst comes to represent in the transference situation a variety of figures corresponding to those which were introjected in early development.[3] He is, therefore, at times introjected as a persecutor, at other times as an ideal figure, with all shades and degrees in between.

As persecutory and depressive anxieties are experienced and ultimately reduced during the analysis, a greater synthesis between the various aspects of the analyst comes about together with a greater synthesis between the various aspects of the super-ego. In other words, the earliest frightening figures undergo an essential alteration in the patient's mind—one might say that they basically improve. Good objects—as distinct from idealized ones—can be securely established in the mind only if the strong split between persecutory and ideal figures has diminished, if aggressive and libidinal impulses have come closer together and hatred has become mitigated by love. Such advance in the capacity to synthesize is proof that the splitting processes, which, in my view, originate in earliest infancy, have diminished and that integration of the ego in depth has come about. When these positive features are sufficiently established we are justified in thinking that the termination of an analysis is not premature, although it may revive even acute anxiety.

[3] Cf. Klein: ' Personification in the Play of Children ', *Int. J. Psycho-Anal.*, 1929, also contained in *Contributions to Psycho-Analysis*, 1921–45; and ' The Nature of the Therapeutic Action of Psycho-Analysis ', by James Strachey, *Int. J. Psycho-Anal.*, 1934.

ON COUNTER-TRANSFERENCE[1]

By PAULA HEIMANN, London

This short note on counter-transference has been stimulated by certain observations I made in seminars and control analyses. I have been struck by the widespread belief amongst candidates that the counter-transference is nothing but a source of trouble. Many candidates are afraid and feel guilty when they become aware of feelings towards their patients and consequently aim at avoiding any emotional response and at becoming completely unfeeling and ' detached '.

When I tried to trace the origin of this ideal of the ' detached ' analyst, I found that our literature does indeed contain descriptions of the analytic work which can give rise to the notion that a good analyst does not feel anything beyond a uniform and mild benevolence towards his patients, and that any ripple of emotional waves on this smooth surface represents a disturbance to be overcome. This may possibly derive from a misreading of some of Freud's statements, such as his comparison with the surgeon's state of mind during an operation, or his simile of the mirror. At least these have been quoted to me in this connection in discussions on the nature of the counter-transference.

On the other hand, there is an opposite school of thought, like that of Ferenczi, which not only acknowledges that the analyst has a wide variety of feelings towards his patient, but recommends that he should at times express them openly. In her warm-hearted paper ' Handhabung der Übertragung auf Grund der Ferenczischen Versuche ' (*Int. Zeitschr. f. Psychoanal.*, Bd. XXII, 1936) Alice Balint suggested that such honesty on the part of the analyst is helpful and in keeping with the respect for truth inherent in psycho-analysis. While I admire her attitude, I cannot agree with her conclusions. Other analysts again have claimed that it makes the analyst more ' human ' when he expresses his feelings to his patient and that it helps him to build up a ' human ' relationship with him.

For the purpose of this paper I am using the term ' counter-transference ' to cover all the feelings which the analyst experiences towards his patient.

It may be argued that this use of the term is not correct, and that counter-transference simply means transference on the part of the analyst. However, I would suggest that the prefix ' counter ' implies additional factors.

In passing it is worth while remembering that transference feelings cannot be sharply divided from those which refer to another person in his own right and not as a parent substitute. It is often pointed out that not everything a patient feels about his analyst is due to transference, and that, as the analysis progresses, he becomes increasingly more capable of ' realistic ' feelings. This warning itself shows that the differentiation between the two kinds of feelings is not always easy.

My thesis is that the analyst's emotional response to his patient within the analytic situation represents one of the most important tools for his work. The analyst's counter-transference is an instrument of research into the patient's unconscious.

The analytic situation has been investigated and described from many angles, and there is general agreement about its unique character. But my impression is that it has not been sufficiently stressed that it is a *relationship* between two persons. What distinguishes this relationship from others, is not the presence of feelings in one partner, the patient, and their absence in the other, the analyst, but above all the degree

[1] Paper read at the 16th International Psycho-Analytical Congress, Zürich, 1949. After presenting this paper at the Congress my attention was drawn to a paper by Leo Berman: ' Countertransferences and Attitudes of the Analyst in the Therapeutic Process,' *Psychiatry*, Vol. XII, No. 2, May, 1949. The fact that the problem of the counter-transference has been put forward for discussion practically simultaneously by different workers indicates that the time is ripe for a more thorough research into the nature and function of the counter-transference. I agree with Berman's basic rejection of emotional coldness on the part of the analyst, but I differ in my conclusions concerning the use to be made of the analyst's feelings towards his patient.

of the feelings experienced and the use made of them, these factors being interdependent. The aim of the analyst's own analysis, from this point of view, is not to turn him into a mechanical brain which can produce interpretations on the basis of a purely intellectual procedure, but to enable him, to *sustain* the feelings which are stirred in him, as opposed to discharging them (as does the patient), in order to *subordinate* them to the analytic task in which he functions as the patient's mirror reflection.

If an analyst tries to work without consulting his feelings, his interpretations are poor. I have often seen this in the work of beginners, who, out of fear, ignored or stifled their feelings.

We know that the analyst needs an evenly hovering attention in order to follow the patient's free associations, and that this enables him to listen simultaneously on many levels. He has to perceive the manifest and the latent meaning of his patient's words, the allusions and implications, the hints to former sessions, the references to childhood situations behind the description of current relationships, etc. By listening in this manner the analyst avoids the danger of becoming preoccupied with any one theme and remains receptive for the significance of changes in themes and of the sequences and gaps in the patient's associations.

I would suggest that the analyst along with this freely working attention needs a freely roused emotional sensibility so as to follow the patient's emotional movements and unconscious phantasies. Our basic assumption is that the analyst's unconscious understands that of his patient. This rapport on the deep level comes to the surface in the form of feelings which the analyst notices in response to his patient, in his ' counter-transference '. This is the most dynamic way in which his patient's voice reaches him. In the comparison of feelings roused in himself with his patient's associations and behaviour, the analyst possesses a most valuable means of checking whether he has understood or failed to understand his patient.

Since, however, violent emotions of any kind, of love or hate, helpfulness or anger, impel towards action rather than towards contemplation and blur a person's capacity to observe and weigh the evidence correctly, it follows that, if the analyst's emotional response is intense, it will defeat its object.

Therefore the analyst's emotional sensitivity needs to be extensive rather than intensive, differentiating and mobile.

There will be stretches in the analytic work, when the analyst who combines free attention with free emotional responses does not register his feelings as a problem, because they are in accord with the meaning he understands. But often the emotions roused in him are much nearer to the heart of the matter than his reasoning, or, to put it in other words, his unconscious perception of the patient's unconscious is more acute and in advance of his conscious conception of the situation.

A recent experience comes to mind. It concerns a patient whom I had taken over from a colleague. The patient was a man in the forties who had originally sought treatment when his marriage broke down. Among his symptoms promiscuity figured prominently. In the third week of his analysis with me he told me, at the beginning of the session, that he was going to marry a woman whom he had met only a short time before.

It was obvious that his wish to get married at this juncture was determined by his resistance against the analysis and his need to act out his transference conflicts. Within a strongly ambivalent attitude the desire for an intimate relation with me had already clearly appeared. I had thus many reasons for doubting the wisdom of his intention and for suspecting his choice. But such an attempt to short-circuit analysis is not infrequent at the beginning of, or at a critical point in, the treatment and usually does not represent too great an obstacle to the work, so that catastrophic conditions need not arise. I was therefore somewhat puzzled to find that I reacted with a sense of apprehension and worry to the patient's remark. I felt that something more was involved in his situation, something beyond the ordinary acting out, which, however, eluded me.

In his further associations which centred round his friend, the patient, describing her, said she had had a ' rough passage '. This phrase again registered particularly and increased my misgivings. It dawned on me that it was precisely because she had had a rough passage that he was drawn to her. But still I felt that I did not see things clearly enough. Presently he came to tell me his dream: he had acquired from abroad a very good second-hand car which was damaged. He wished to repair it, but another person in the dream objected for reasons of caution. The patient had, as he put it, ' to make him confused ' in order that he might go ahead with the repair of the car.

With the help of this dream I came to understand what before I had merely felt as a sense of apprehension and worry. There was indeed more at stake than the mere acting-out of transference conflicts.

When he gave me the particulars of the car —very good, second-hand, from abroad—the patient spontaneously recognized that it represented myself. The other person in the dream who tried to stop him and whom he confused, stood for that part of the patient's ego which aimed at security and happiness and for the analysis as a protective object.

The dream showed that the patient wished me to be damaged (he insisted on my being the refugee to whom applies the expression 'rough passage' which he had used for his new friend). Out of guilt for his sadistic impulses he was compelled to make reparation, but this reparation was of a masochistic nature, since it necessitated blotting out the voice of reason and caution. This element of confusing the protective figure was in itself double-barrelled, expressing both his sadistic and his masochistic impulses: in so far as it aimed at annihilating the analysis, it represented the patient's sadistic tendencies in the pattern of his infantile anal attacks on his mother; in so far as it stood for his ruling out his desire for security and happiness, it expressed his self-destructive trends. Reparation turned into a masochistic act again engenders hatred, and, far from solving the conflict between destructiveness and guilt, leads to a vicious circle.

The patient's intention of marrying his new friend, the injured woman, was fed from both sources, and the acting-out of his transference conflicts proved to be determined by this specific and powerful sado-masochistic system.

Unconsciously I had grasped immediately the seriousness of the situation, hence the sense of worry which I experienced. But my conscious understanding lagged behind, so that I could decipher the patient's message and appeal for help only later in the hour, when more material came up.

In giving the gist of an analytic session I hope to illustrate my contention that the analyst's immediate emotional response to his patient is a significant pointer to the patient's unconscious processes and guides him towards fuller understanding. It helps the analyst to focus his attention on the most urgent elements in the patient's associations and serves as a useful criterion for the selection of interpretations from material which, as we know, is always overdetermined.

From the point of view I am stressing, the analyst's counter-transference is not only part and parcel of the analytic relationship, but it is the patient's *creation*, it is a part of the patient's personality. (I am possibly touching here on a point which Dr. Clifford Scott would express in terms of his concept of the body-scheme, but to pursue this line would lead me away from my theme.)

The approach to the counter-transference which I have presented is not without danger. It does not represent a screen for the analyst's shortcomings. When the analyst in his own analysis has worked through his infantile conflicts and anxieties (paranoid and depressive), so that he can easily establish contact with his own unconscious, he will not impute to his patient what belongs to himself. He will have achieved a dependable equilibrium which enables him to carry the rôles of the patient's id, ego, super-ego, and external objects which the patient allots to him or—in other words—projects on him, when he dramatizes his conflicts in the analytic relationship. In the instance I have given the analyst was predominantly in the rôles of the patient's good mother to be destroyed and rescued, and of the patient's reality-ego which tried to oppose his sado-masochistic impulses. In my view Freud's demand that the analyst must 'recognize and master' his counter-transference does not lead to the conclusion that the counter-transference is a disturbing factor and that the analyst should become unfeeling and detached, but that he must use his emotional response as a key to the patient's unconscious. This will protect him from entering as a co-actor on the scene which the patient re-enacts in the analytic relationship and from exploiting it for his own needs. At the same time he will find ample stimulus for taking himself to task again and again and for continuing the analysis of his own problems. This, however, is his private affair, and I do not consider it right for the analyst to communicate his feelings to his patient. In my view such honesty is more in the nature of a confession and a burden to the patient. In any case it leads away from the analysis. The emotions roused in the analyst will be of value to his patient, if used as one more source of insight into the patient's unconscious conflicts and defences; and when these are interpreted and worked through, the

ensuing changes in the patient's ego include the strengthening of his reality sense so that he sees his analyst as a human being, not a god or demon, and the ' human ' relationship in the analytic situation follows without the analyst's having recourse to extra-analytical means.

Psycho-analytic technique came into being when Freud, abandoning hypnosis, discovered resistance and repression. In my view the use of counter-transference as an instrument of research can be recognized in his descriptions of the way by which he arrived at his fundamental discoveries. When he tried to elucidate the hysterical patient's forgotten memories, he felt that a force from the patient opposed his attempts and that he had to overcome this resistance by his own psychic work. He concluded that it was the same force which was responsible for the repression of the crucial memories and for the formation of the hysterical symptom.

The unconscious process in hysterical amnesia can thus be defined by its twin facets, of which one is turned outward and felt by the analyst as resistance, whilst the other works intrapsychically as repression.

Whereas in the case of repression counter-transference is characterized by the sensation of a quantity of energy, an opposing force, other defence mechanisms will rouse other qualities in the analyst's response.

I believe that with more thorough investigation of counter-transference from the angle I have attempted here, we may come to work out more fully the way in which the character of the counter-transference corresponds to the nature of the patient's unconscious impulses and defences operative at the actual time.

PSYCHODYNAMICS OF THE 'INTELLECTUAL'

By HERBERT I. KUPPER, M.D., Beverly Hills, California

One of the interesting phenomena of our times has been the frequency with which many individuals who are renowned as thinkers or creators have suddenly announced their initiation into an old or new faith. These attitudes on the part of many well-known people are usually accompanied by a wish to explain their transformation. They also attempt to rationalize their conversions by indicating that their new-found spirituality is only a logical extension of a lifetime of thinking. It is not the purpose of this paper to argue the validity of the conversions or new beliefs. It is, however, the writer's opinion that the motivations of people who have lived a lifetime of logical and rational thought, only to turn to a realm which is admittedly mystical by comparison, may contain a key to the mysteries of the personality of the 'intellectual'. When hard-won scientific thought is overrun by animistic thought, then the cause must lie primarily in the individual's psychodynamics.

Historically, the modern intellectual, as we loosely call men who pursue knowledge and thought for its own sake, originated in recent centuries with the monks during the Middle Ages. During those dark days these religious men nurtured the seeds of truth and beauty which later gave rise to the Renaissance. There was the same cloistered, disinterested pursuit of knowledge which we associate with thinkers of our own day. It is interesting, in view of the present return to religion, to note that these religious men began to turn to rational thinking in spite of a background of centuries when magic and animistic thinking were at their height in the history of mankind. Every science of the time was little more than a superstition. The gradual transition during the enlightened centuries saw with it an increase in realistic and creative thinking. Creative men and women in all fields were greatly honoured and revered. With the industrial revolution and the advent of modern capitalism, different values were placed upon different pursuits. Thinking and creativeness as such are not generally rewarded if they do not conform to materialism or materialists. Universities, with their ever present board of trustees, permit their intellectuals freedom of activity contingent upon their categories of inquiry. The academic hierarchy imposes caution upon the too adventurous thinker, especially in the social sciences. The field of interest of the individual and the range of his interests are determined not a little by the financial structure of the school. If a man is an economist, he is *generally* in accord with the prevalent economic and business theories of his time. At any rate there seem to be limits which he does not transcend. Philosophers are often permitted full freedom so long as they do not articulate too freely upon the moral systems of our times. One wonders whether the psychoanalyst, if he were not regarded as dealing with the aberrant in society and if he did not offer a therapeutic weapon, would have been permitted in our society.

The 'bohemian' type of intellectual forms the *avant-garde* in the creation and dissemination of ideas. He is insecure economically and can never find patrons unless he is fortunate enough to find a fashionable pursuit. In capitalist States, he is regarded with a variety of opinions ranging from amusement to those which view him as a threat to faith and morals. In collectivist States, he is railed against and persecuted unless he can produce something of materialistic worth for the society. His mentors reserve the right to judge this. In both kinds of State, there are unsubtle pressures to compel musicians and writers, for instance, to follow the accepted popular or governmental line. In the U.S.A. failure to do so may result in literal starvation, depending on the ability to find a patron, or a popular tune. In Russia, ostracization robs them of all honours and rewards contingent upon their conforming to the tenets of the society.

In all countries, there is an occasional tendency for intellectuals of all types to live together in greater or less isolation. In their own life groups, phenomena of all types may be seen. There is often a most unreal visualization of

factors in the outside world. This, as will be shown, is as much a result of their psychological construction as of their sociological. All sorts of fashionable cults may spring up amongst them. In painting or the arts these last a short time and give all those who adhere a chance to enjoy a momentary taste of prominence. Since the intellectuals have no defined place in our culture, they play a distorted rôle. Most of them come from lower middle class homes with the typical morality and rigid conformity to conventional values which this implies. The broad revolutionary protest which their intellectuality often assumes is not without personal significance.

All told, they form a rather ill-defined class of people from different economic, social, and emotional strata. The individuals who write, read, and compose for the films are often looked down upon with the rationalization that their life, ease, and income corrupts their talent. This does seem to have some effect upon the successful ones who sometimes lose their stimuli. Since a goodly percentage of these come into analysis in this area, it seems of great interest to make some observations on them from the limited material available.

Some case excerpts in this paper are taken from a group of patients who are chiefly engaged as writers, musicians, etc., by the film studios. Their presenting complaints are not unique. They have sexual and work difficulties, but all of them have a common bond in their overevaluation of the intellect. Their work and environment seems to add many diverse complaints. In the studios, they find that a low esteem is sometimes placed upon their intellectuality and creativeness. They are chiefly valued as technicians or craftsmen. Their salaries are out of proportion to any past or present reality. The result is often guilt and dissatisfaction with themselves. Sometimes their faith in themselves becomes shaken and they strive to rationalize their existences in the local ' flesh-pots '. This leads to a search for some truth or bulwark to warrant their being. For instance, some try to picture psycho-analysis with a mystical, almost religious fervour; some find a transitory interest in a faith; and others seek an outlet in all sorts of endeavours ranging from the most menial to the most esoteric.

It seems intrepid to define an ' intellectual ', much less explain one. However, I should like to outline the psychological characteristics of this entity, by first discussing the intellect and then its component parts; namely, thought and speech.

Philosophy, with the exception of that of Dewey and the Pragmatists, regards intellectual activity as antithetical to affect. This view overlooks two things. First, the intellectual function is itself a vegetative activity. Second, intellectual function may have an affect charge no less intensive than that of any purely affective reaction. As a matter of fact, in analytical work, intellectual activity is often a clever apparatus for the avoidance of facts and detraction from reality. The intellect can work in both basic directions of the psychic apparatus, towards the world and away from it. It may work in the direction of an affect and in opposition to it (1).

In a case study, a patient with a keen intelligence and a gift for insight tried to divine every one of his unconscious mechanisms; he succeeded in destroying every affect situation by guessing it beforehand. He used his intellect to look into every corner in order not to be surprised by anything. The motive for his intellectual activity was an apprehensive anticipation. A common example is the motive of the boy at puberty, for instance, who becomes interested in many diverse fields of study so as to ward off emotion which he cannot manage—as though a knowledge of the *Encyclopædia Britannica* might ward off and answer his sexual conflicts. This explains why patients can often describe and depict every detail of the sexual act, yet have no conception of it in reality. They face a fear by a headlong flight into the intellectual aspects of the reality in order to ward off the emotional aspects of the same reality.

Equally common amongst intellectuals is their displacement or projection of personal affect upon any suitable external cause. The zeal with which many causes are sponsored and fought for is certainly necessary for any progress in society. Deeper investigation of the zealot indicates the hatred and violence with which he imitates and outdoes his opponents. The intellectual may seek emotional causes or affect situations which are sufficiently disguised and rationalized, so that the intellect may work in the direction of affect and still prevent the proper balance between thought and emotion. Because the intellect has two basic directions, the extremes of the mathematician who lives by rationality and the converted religionist who redefines reality to suit himself are closely related in their psychodynamics.

Since thought and speech are the tools of the intellectual, an understanding of the development of these is vital for a study. Speech and thought have an organic significance which was best expressed by Sherrington, the English neurologist. He felt that 'mind' was an adjunct to motor behaviour and served essentially in an inhibitory way. Speech was regarded as a way station between muscular action and thought, so that it manifested partial motor inhibition. The degree of availability of these modes of cortical expression to instinctual levels seems in direct proportion to the amount of motor inhibition. Contrariwise, the relief of instinctual tension depends on the motor component of this expression.

Freud (2) stated that action gives greatest relief, thought and fantasy the least. But action implies the greatest threat from the superego and the external world, whereas thought implies a less grave threat. Speech, standing in between, is the happy medium. The symbols and fantasies with which the intellectual is preoccupied represent an effort to change the physiologic portions of instinct into a form adequate for cortico-spinal expression. The symbols and fantasies which patients speak about represent a constant effort to translate the energies of instinct into a form adequate for expression. In speaking aloud under the sanction offered by the transference situation, the patient externalizes instinctual energy by verbalized products of instinctual forces.

Thought processes in children who later become intellectuals seem to undergo change at a time when auto-erotic processes reach their highest peak. Bright children prior to the age when sexual repression becomes strong represent a fairly ideal blend of emotion and intellectuality. The wisdom and intuitive depth of these children is always amazing to the adult. Freud felt that sexual repression and the need to conform to authority made all children less intuitive.

In the childhood of an intellectual patient, a description of this type of precociousness was reported. When she entered school at about the fifth year she was told of a personality change. There seemed to be an increased interest in verbal concepts and ideas. This took the form of an interest in poems and dramatic literature. There was a complete amnesia for any sexual memories but there was a screen memory of skin sensation when she recited poems in front of her class. She still experiences erotic feelings whenever she writes a story. It seems that eroticism was experienced in the thrill with which she recollected poetry and bits of knowledge which she obtained from her father. Her analysis started out with constant cricitism of the analyst's grammar and pronunciation. This seems to have had the purpose of providing a permissible means of communication for her transference feelings. Guilt for her incestuous and hostile feelings towards her father provided the chief motivation for the displacement of these feelings to fantasy and thought. In a child of this age, the isolating of the ego from herself and her immediate community served the purpose of issuing a declaration of independence. Her ego denied her ties by intellectual emancipation and reaffirmed them by her violent reaction formations towards her feelings.

The conversion of these early œdipal ties into thought and fantasy is typical of every 'intellectual'. Needless to say, her later breakdown occurred during an unsuccessful marriage. The most forbidden emotions of her life reawakened and caused a virtual reconversion from her life as a writer to that of a sexual woman.

An ideal compromise for children whose families stress scholarship is to gratify sexual curiosity by diligent study of sex in the Bible, dictionary, or encyclopædia. These books are approved and cloak the true nature of the interest, i.e. thought and deed are equated, so that fear of castration is at bottom fear of action to be taken. Guilt motivates this interest. Sterba records a case where precociousness in a boy of five was closely associated with fears of castration for early sexual interest. Thinking represented unreality to this boy because as soon as he mentioned objects and acts by name, they became *real* and *threatening*. In our culture we place a premium on scholarship and condemn overt activities beginning with excretion. Goodness is associated with thinking, and badness with putting sex and fantasy into execution. Thinking has a quality of unreality as compared to the unquestioned reality of action. With children who libidinize thinking there is eventually guilt about the pleasure in this process. Therefore as these children become older, thinking is apt to gravitate to abstractions.

By the erotization of thought, I do not mean the thinking of erotic thoughts. I imply that thinking in itself becomes a goal and this comes about because of an intense reaction to the deprivation of love. This may occur at the

pre-œdipal or œdipal level. Every psychoanalyst has had patients who take delight in ideas, derive stimulation from thinking and seem able to relieve their tensions by concentrating on some intellectual problem. This always seems to be a morbid handicap to therapy.

Fenichel (3) hypothesized that the erotization of thought may take place along feminine or masculine lines. A popular conception is that clarity, logic, and dispassion are masculine. Unformulated perceptions, inconsistency and changeability are feminine. Oberndorf (4) relates an interesting case study of an astute young man who complained of rage, inability to concentrate and depression. His intellectual pursuits were followed as a means of gaining his mother's approval. At times he became vaguely aware of his libidinal satisfaction in thinking, and one of his symptoms was the compulsion to carry every thought to its ultimate possibility. The struggle between a feminine identification with his thinking mother and his concept of masculinity became evident in the analysis. Masturbatory fantasies included his being forced by a number of women to perform coitus. After a year of treatment he began to masturbate with the fantasy of himself in the rôle of the male for the first time. However, this was accompanied by a feeling of ' emptiness ', ' being foolish and not myself '. When the feminine identification had been temporarily lost, a feeling of unreality and intellectual loss followed. There were some evidences of pepersonalization, which represented a temporary anæsthesia of eroticized mental life. When thinking became dangerously erotic, feelings of unreality and personal estrangement occurred.

In the early life of the intellectual, sexual knowledge and aggressiveness is often subject to profound repression. This may then give way to a curiosity and search for knowledge which characterizes the child who never stops asking questions. The type of knowledge sought for is far removed from the original aim and is acceptable to the environment. However, the libidinal content in the knowledge is often seen when the repressed affect returns.

A patient under analysis whose father was a professional musician related that his father seemed to express conflicts by the force with which he played his clarinet. The patient related that musical sound seemed to become the coinage by which he expressed conflicts. During early sex curiosity he had a screen memory of being severely reprimanded, and although he could not remember the incident, he could recollect a certain tune which was heard in the household at that time. Thereafter, he became avidly interested in music and was considered to be a prodigy. His sexual memories during those years completely overemphasized the family bathroom sounds and the state of his bowels. His playing of the clarinet in secret seemed to be his manner of repairing the fantasied castration threat he had suffered at the hands of his father. He regarded himself as having been wounded for sex curiosity and made up for it by musical fantasies which were always accompanied by sexual tension and penile erection. Soon he began to have a belief that whenever troubled, sounds would come out of some mysterious place within him and that these would reassure and relieve him. These sounds within him seemed to be his manner of introjection and identification with his father and thereby of obtaining relief from the threats of his father. Each composition he has written repeats the chain of events as follows: first, pleading inability to compose (due to castration fear), then increased perception for sounds around him (begging for potency), and then the frantic belief that sounds must come out of him. The latter event was usually preceded by masturbation. Thus he re-established his narcissistic equilibrium and became once again an aggressive phallic fellow.

Of great importance is the fact that intelligence and knowledge are a weapon with which the child who later becomes an intellectual can combat and humiliate parents who have deprived him in a libidinal way. The flaunting of a superior knowledge is a way of simultaneously revenging himself upon his oppressors and satisfying his instinctual urges. The most graphic example of this occurs during adolescence when the first polysyllabic words are used. With the tentative use of these words there often appears a disdain and contempt for parents who have left the academic world far behind. A lifelong air of superiority towards all who do not speak the secret language of adolescence is not uncommon. In one analysis a gifted intellectual rather astutely outlined the goals of his analysis as follows, ' I'll see just how much you know and how well read you are. Then I suppose you will want to reduce me to some common herd level. I'm supposed to marry and spawn children.'

Hostility could only be shown through

humiliation, which so resembles the intellectual parlour games of to-day. Punishment was conceived of as a castration by means of removing lifelong rationalization. This was the price one had to pay to function as a sexual person.

Sometimes the omnipotence of words or thoughts which were used to ward off sexual impulses may begin to master him. He then may become afraid of the power of his thoughts—or more accurately the strength of his hostile impulses. As will be shown later, this sometimes accounts for the transferring on to religion of many grandiose thoughts.

(5) When knowledge obtained from a person's own perceptions fails to give inner satisfaction, the use of magic comes into play. This may manifest itself in the shift of a feeling of omniscience to a parent figure, as in childhood. A repetition of the narcissistic perfection is thus recaptured. An example may occur in an analytic patient who recaptures an infantile memory. Whether he is surprised or claims always to have known this memory, he *believes* it. This belief is an element in the original need for omniscience that was present before repression, and is accompanied by the release of instinctual energy.

Speech is one of the turning points in the development of emotional and thought processes in the infant. Although it may impair the intensity and depth of feeling, it also propels the infant towards thought and the adult concept of reality. The evolving of word thinking and of psychological processes described by words is often the pregenitor and prototype of later disturbances in the intellectual. Since his problem is that of the separation between thinking and feeling, words and thought processes dependent on words are often his difficulty.

(6) Organs of speech in the infant usually have a libidinal and discharging function. The development roughly proceeds from a level of babbling to different levels of influencing the environment. The most complex process of all is the manner in which the infant develops an understanding of words and then uses them for communication. *En route* to the final means of communication are libidinal influences—oral, anal and phallic. These stages strongly influence the manner in which words help the ego to influence reality.

As words acquire greater emotional importance, speech may become a substitute for physical contact. Much of what the infant tries to say is an attempt to enjoy emotional and physical contact. Although speech is an ego activity, sexual libido derived from genital and pre-genital sources is placed on to this activity. When this occurs during some frustration, the libidinal significance of words increases. Sexual and ego libido are transferred from activities such as eating and breathing on to speech. For instance, some of the pleasure anticipated in asking for something pleasant may be transferred on to the words used. Children play with words as if they were toys ; words like TABLE are real and almost as concrete as a table. The displacement from objects to words is similar to the mechanism whereby the fore-pleasure acquires most of the importance of the ultimate gratification.

The tying up of words and ideas makes thinking clearer. This permits the ego to have a better way of handling the outer and inner world of the individual. The shift from emotional reality to sober reality relieves anxiety. When emotional conflicts in thought processes are overwhelming, there is a retreat to the world of words and concepts. The most graphic example of this retreat is seen in young people during puberty when instinctual conflicts are greatest. Guilt feelings motivate this retreat and material success is felt to be the only means of alleviating these feelings in such people as writers, musicians, etc. However, as is often the case when some actual success occurs, guilt feelings are doubled, and as often as not, success precipitates a need for analysis. This point alone would require another paper.

Children regard the learning of words and word thoughts as good or bad, depending upon the stage of development and the reaction to the environment. The development of the super-ego, particularly during early obsessional mechanisms, is a grave handicap to the child who, being anxious, regards words as a poison or a reproach. These children often regress to a '*feeling thought*' rather than a '*word thought*' phase. In their development object love, which is the main inducement for learning word thinking, is inhibited in some manner. This narcissistic hurt may increase magic feelings of superiority, and the fantasies of a superior language which may be manifested in creativeness, or in a compensatory over-emphasis upon word thought processes, which may ultimately reach as far as a paranoid reaction. Every child may go through a transitory paranoid

reaction when he becomes interested in the speech of grown-ups yet cannot understand it. In a male patient who was fighting feelings of passivity and of hatred, the first overt transference phenomena occurred when he thought I must be telling my wife his secrets and laughing at him. These reactions which all analysts at one time or another hear of from patients are due *in part* to the fear that something beyond their understanding is occurring. They feel that the analyst understands the language of their unconscious while they themselves are hopelessly in the dark.

In the intellectual, the sexualization of speech sometimes takes place in the following manner. Fearful of emotions and things which cause emotion, there is an attempt to master anxiety by fleeing from the macrocosm of things to the microcosm of words. If the regressive process continues, the omnipotence of thought and word may appear.

The omnipotence of thought and word and their relationship to narcissism has been amply written about by Freud and Ferenczi. The magic word in fairy tales which produces miracles is the lodestone for which the thinker seeks. When words become highly libidinized there may be seen the regression to the omnipotence of words. Words may contain the power of actions which could not be expressed, and the thinking implied in the words may contain evidence of magical aggression. In the fairy tales of children such as *Rumpelstiltskin*, if one knows the magic word then one can destroy the evil person. Indeed, to intellectuals, *words often speak louder than actions.*

Speech may introduce action and then substitute for it. In this manner the defence against action finally approximates to it. Words may become reality in a far over-exaggerated form and correspond to objective and emotional reality. When the repressed affect becomes threatening, the emotional reality may appear in the form of depersonalization. The severity of this depends upon the obsessional and schizophrenic trends within the individual.

Intellectuals may now be defined as individuals who are adept in the use of abstract words, thoughts and symbols. They can scarcely be classified, but their thinking processes are often those of the obsessive character. They seem to have the same fear of their own emotions that one sees in the obsessive neurotic, and their intellectual life drains their ability to express feelings. Rigid control over emotion leads to an anal approach towards all concepts. Thought in terms of speech or writing is more characteristic than action. In the development of thought, the avoidance of action becomes an end in itself, and also thought mitigates the possibility of there being only one line of action. So *choice* of action becomes a reason for non-action. To be able to act is to be sure, to have no doubt, *to express urges in a forbidden manner.* The over-emphasis on thought and speech increases the importance of the postponement of action. Aggressive and libidinal impulses in this type of child are translated into language or fantasy. The danger is further warded off by the use of abstract word and language forms. Whenever a forbidden impulse threatens to return, archaic thinking in the form of magic may appear. This is present in almost all individuals who use thinking as a defence. In the pursuit of knowledge the sense of secret and not-so-secret superiority to others is characteristic. In these narcissistic people, a repression is a blow to the ego and is repaired by an assertion of omniscience, or the setting into play of investigatory impulses in order to repair the wound. Little wonder then that if an intellectual becomes a hypochondriac, he knows as many facts as his doctor without realizing any of the mechanisms of his illness. If he is an economist, the chances are that his household accounts and management are done poorly. The myth of the absent-minded professor is not without basis. Objective reality, whether it be an umbrella or a salary, is denied or isolated. While subjective fantasies about the covering of the earth or the amount of heat given off by the sun may be known beyond all practical use.

It is often more difficult than is apparent to differentiate between the intellect used in a defensive or aggressive manner and its use as a constructive tool. These differences are neither clear-cut nor interchangeable. There are many people who might be called ' pseudo-intellectuals ', a term which implies neither a lack of intelligence nor a lack of knowledge. Of course, there are people familiar to all who express fashionable concepts or thoughts yet are completely unaware of the meanings implied in their words. These are palpable ' pseudo-intellectuals '. Equally, there are many intelligent people capable of profound and stimulating thoughts who never seem to arrive at any fruition of these during their lifetime. In a crude analogy, one might say that an over-use of the intellect may begin in children as a reaction

formation to the guilts and fears which occur at the height of the Œdipus situation. Few of these children are capable of using the intellect in a constructive manner. Unfortunately the only criteria that it seems feasible to use in defining a true intellectual are those of activity of some sort which serves to contribute to some field of human endeavour. There can be all sorts of hair-splitting as to the worthwhileness or depth of the activity. Suffice to say that for our purposes the use of the intellect for some concrete activity characterizes an average intellectual. The truest intellectual, as contrasted to the most false one, can only be judged by how well intellect and activity are integrated. I realize that this is a crude description, but any more specific attempt leaves too many loopholes and contradictions. The great ' in-between ' of intellectuals are those who attempt some contribution of thought or deed which contains a valid contribution towards the needs of that specific time.

What factors are responsible for regression of the intellectual to a more complete disintegration of the ego? In a recent series of articles in a popular magazine, a well-known woman intellectual made a surprisingly frank confession of her conversion to religion. Since this case history reveals her attempt at rational thinking and her reversion to faith, I shall mention the pertinent parts of her story. Her father was an unfrocked minister and her mother was a society woman. In the story of her very early life she recalls two outstanding memories: her adoration of her father and an uncommonly insatiable curiosity for knowledge. The latter differentiated her from the girls of her set. Her parents separated, and the rest of her life story is concerned with a lonely, poignant search for *something*. In adolescence she was a rebellious, atheistic person who placed high stress upon culture. She was married at nineteen to a man thirty years her senior, bore a child and was divorced. During the 1920's and 1930's she hints at an active love life and great interest in progressive causes. She states that she tasted hedonism, Communism, Freudianism and, because she was a writer, plagiarism. In her taste of Freudianism she was analysed for three months for symptoms of depression and moodiness. To prepare herself she read all of Freud, but she left her analysis because ' I found out at the end of treatment that I was supposed to transfer my love to the analyst.' Her symptoms continued. Since she was a war correspondent she observed a great deal of death and destruction during the war. This experience preoccupied her with thoughts of immortality. In 1944 her only child died in an accident in the same manner in which her mother had died ten years before.

This event seemed to precipitate the giving up of rational for spiritual thinking. She tried to evolve a personal religion and speculated that the soul of her daughter was very much around her. She described her conversion to religion as follows. She experienced a convergence of everything she had ever done or felt in her entire life. These were events filled with ' hatred, betrayal, people who loved and hated and a picture of my dead daughter and mother.' She was then converted by a very prominent religious official.

She concludes with proselytic fervour that many liberals with faith in political movements often search for a personal faith, and she emphasizes that their objectivity is distorted by internal conflicts. Her new philosophy concludes: 'God is love and Jesus our Saviour, and to this proposition it makes no difference whether the universe expands or contracts, whether the atom splits or not. I am here to tell you of the Trinity, not atomic fission.'

(7) Many varieties of religious experience have been undergone in the past and present by some of the greatest intellects of the times. Thinkers of the calibre of Goethe, Schopenhauer, Gandhi, Heine, and numberless others have experienced an ecstatic religiosity. Freud hypothesized that this experience involves an object relationship between ego and superego ideal according to old infantile patterns. In other words, the attitude of man toward God is determined by displacement of his attitude towards his parents. To be sure, the average person's attitude is influenced in great measure by tradition, education and public institutions. However, the convert emphasizes a complete breaking through of the repressed in so far as the pre-œdipal situation is concerned.

(8) There can be little doubt that the most important precondition for a conversion is the unconscious emergence of hostile impulses against the father which may appear in general doubting, and as a specific and strong disbelief. This phase was certainly lived through by the woman already mentioned. The conversion follows upon a break-through of an impulse, which made *conscious* active hate tendencies towards the father; this represents a reaction

caused by anxiety and tenderness. The above confessor venerates her ' Converter ', whom she triumphantly points out as not demanding anything from her nor converting her directly. However, he ' planted the seeds of faith ' which were nurtured and grew out of an act of her own free will. Here there was no need for the painful and perhaps impossible transference neurosis which she feared so much in relation to the analyst. The strange combination of an abstract belief, a delusion of free will, and a feeling of *unio mystica* proved much more compelling to her. Perhaps the posthumous quotation from the papers of Søren Kierkegaard, another famous convert, is useful. ' I never knew the mirth to be a child because of the dreadful tortures I suffered. But often it seems to me as if all would come back again. Then, how unhappy my father has made me, it seems as if I would live to see it now in relation to God; to be a child; and all my earliest life may have been so awfully lost and wasted in order to undergo it a second time, more true in relation to God.'

Thus far, I have endeavoured to explain some of the outstanding characteristics of the intellectual. As was shown, perception, reasoning, affectivity, and volition are all uniquely influenced by the basic conflict between instinctual drives and repressive forces of the ego. In addition, environmental factors play a strong part in shaping and motivating intellectual pursuits. I hope I have also demonstrated in the case history that regression in the form of omniscience and omnipotence is another manner in which the repressed can break through. I should now like to tie up the concepts of *rational thinking* and *faith.*

The intellectual, depending upon the amount of schizoid and obsessive trends, often maintains a precarious perch between faith, rational thinking, and action. (9) Erich Fromm has written an interesting article on faith as a character trait. He strongly believes that faith, or belief in something, is a deep-seated, normal part of every person. The faith of a man in his ability or a mother's faith in her child are necessities. We have only to witness a chief characteristic of our patients as a loss of faith in those things which maintain happiness. How then does this faith operate in the intellectual and how does it differ from religious faith? The search of the intellectual for new truths is a compulsive one. There is a need constantly to maintain inner equilibrium by thinking or doing. There is a need to quell inner doubts caused by some of the conflicts outlined within this paper. So long as the doubt or search is a rational one it can be tempered by experiencing reality. In well-integrated individuals, a disappointment will merely lead to further search. A counter-phobic attitude is a necessary stimulant to new goals.

However, when the ability to test reality by experience is lost, then a danger is present. In the case history above, a narcissistic blow to a weakened ego caused a regression. Then the search which had gone on for a lifetime was ended. A faith in something in which the individual submerged herself was found; thus there was no longer doubt nor ambivalence, but a re-uniting with more powerful forces in complete submission. This belief or faith is *not* based upon *equality*, *object love*, or *inner strength.* Rather does it depend upon emotional *submission to authority*, upon the *substitution* of an authority's experiences for one's own. This belief is like that of the *hypnotic* state, where a patient does not believe what he experiences, but only what he is told. In this extreme example, as seen before, there is an experience where what had once been projected as a vision of God is now taken back into the ego—not as an antithesis between ego and superego or between ego and God, for ego and God are one in *unio mystica.*

In the convert I have described, the most specific id content defended against was the pre-œdipal, non-verbal attachment to the mother. This affectful, mystic union is denied by many thinkers in the very act of thinking, rather than feeling. At the same time the repressed returns in the *content* of thought. Thus, social and economic utopias are sought for in some, control of ' nature ' in others, ' *unity with God* ' in still others. When thinking failed to achieve her unconscious aims, and the process of ageing, plus catastrophic object losses occurred, there was a reversion to the primal mother-child union where reality testing was superfluous.

In many intellectuals beliefs are rational, well-thought-out and apparently tested by reality. However, the emotional response of the intellectual toward the content of his thinking may be pathological. The affect, long repressed in excessive thinking, serves as a foreign body within the personality. A duality may then exist. The content of thought may be undeniably worth while, yet the reaction to a critic of this content may be expressed with child-like

emotions. On the one hand, the rational self may search for truth; on the other hand, the emotional self may search for the 'absolute'. Needless to say, this implies a contradiction in both terms and motivation. There seems little doubt that the intensity of blind belief in anything is directly in proportion to the disbelief in the same thing. The struggle of the believer is always with his disbelief. The repressed always threatens to break through and must be more solidly bound by gaining supplies of strength from external sources.

Many intellectuals are embroiled in political, religious, and other affairs with what they pride themselves as being rational thinking. The shattering of beliefs which recent years have brought to many intellectual groups is amazing. The most vehement Marxists often turn fascist: other intellectuals revert to Catholicism. Suspicion, vituperation, and a new set of intellectual swear words can be observed by any reader of the daily paper. Amongst many groups there has been a childlike quality of pain and disillusionment wherever cherished beliefs are translated into unpleasant realities. Then intellectuality fades away just as one would expect a psychic defence to do.

In recent years there seems to have been a frenzied search for an unshakeable faith or an absolute truth. The world-wide fragmentation of accepted values has shaken every thinker who prided himself upon his materialistic, rational manner of thought. In so far as our small sociologic group is concerned, the very quality that makes for the thinker's type of thinking and sometimes his creativity, often proves his individual downfall. Narcissism, a sense of belief in themselves, a search for an ideal state of mind projected on to the world, are traits which have helped gifted men in their contributions to the world. They have also caused the most amazing regression to *primitive*, *animistic* thinking which can be purchased at much less cost and in a less devious manner than through thinking and study.

Conclusion

I. It was shown that the motivations for the development of speech, thought and intellect derive from the ego's attempt to master id impulses and external reality. In the intellectual there is an attempt to solve this conflict by libidinizing speech, thought and intellect, so that these become instinctual satisfactions within themselves. When the repressed affect threatens to break through there may appear a regressive attempt to find instinctual satisfaction and security. This is done by re-uniting with omnipotent fantasies at a narcissistic level before repression occurred.

In one case presentation, the most specific id content defended against was the pre-œdipal, non-verbal attachment to the mother. This affectful, mystic union is denied by many thinkers in the very act of thinking, rather than feeling. At the same time, the repressed returns in the content of thought. Thus, economic and social utopias are sought for in some, control of 'nature' in others, 'unity' with God in still others.

II. A sociologic group of people called 'intellectuals' were described in psychological terms. Their thinking was demonstrated as being general, abstract, theoretical and directed towards avoiding action. Since this type of thinking may approach action in its violence, there may be a regression to animistic thinking with the emphasis upon omnipotence in speech and thought.

III. The search for truth within the intellectual is in part a search for instinctual satisfaction as well as a mature ego's search for the betterment of society. However, the affect displayed in this search for truth may so distort rational thinking that there may be an unconscious search for the 'absolute', or for a faith.

The conflict is then solved by submergence of the instincts and ego into those of an all-knowing authority. A most common compromise within intellectuals is a rational mode of thought with an irrational emotional response towards this thought. This may account for a foreign body of emotion within the intellectual. Phenomena such as the difficulty in discussing political or sociologic events without vituperation may be explained by this.

IV. Within recent years there has been an increased search for absolute truths within large groups of individuals. There has been a consequent increase of regressive phenomena.

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MASOCHISM AS A PATHOLOGICAL AND AS A NORMAL PHENOMENON IN THE HUMAN MIND

By RENÉ DE MONCHY, M.D., STOCKHOLM[1]

The analysis of persons with pronounced masochistic trends is at the outset often relatively simple. There does not seem to be much resistance and the material is produced with little effort. In spite of this it proves difficult in the long run to achieve good therapeutic results.

Freud presumably had the same experience. In *The Ego and the Id* he wrote on the subject of negative therapeutic reaction: '. . . a sense of guilt, which is finding atonement in the illness . . . expresses itself only as a resistance to recovery' (pp. 71 and 72) and further (p. 79): 'The activity of the dangerous death-instincts within the individual's organism is dealt with in various ways; in part they are rendered harmless by being fused with erotic components, in part they are diverted towards the external world in the form of aggression, while for the most part they undoubtedly continue their inner work unhindered.'

These are not optimistic words, and the question arises whether blending with libidinal impulses and conversion into aggression directed against the outer world are actually the only possibilities of drawing the fangs of the dangerous death instinct.

I am of the opinion that there is a third possibility, which is of great importance in certain forms of masochistic impulses. And in the following pages I shall raise the question whether the death instinct or masochism can be *sublimated* like other drives.

Nowadays we probably all agree that aggressive impulses which are turned outward can be sublimated and are of vital importance to the individual. One must be able to defend oneself or one's family, to stand up for one's beliefs, to conquer one's love object, to earn one's livelihood, etc. This is quite obvious and requires no further comment. It seems equally probable that these functions may be accompanied by pleasurable sensations, not only on achievement of the objective but also during and because of the struggle itself. This is particularly obvious in sport.

But what about the aggressions that are turned inward? Here opinions differ. There is little doubt that every individual harbours many masochistic impulses. It is frequently claimed, however, that these impulses should be made to disappear completely. The validity of this view is doubtful. Naturally internalized aggression is often a morbid reaction to anxiety, or an attempt to 'conquer through defeat', or any other of those ordinary mechanisms which customarily disappear during the analytic cure. But this does not necessarily mean that masochism is always pathological.

It seems probable that the present concept of masochism will undergo the same development as that of narcissism has done. Narcissism was first discovered in its pathological form, as the sexual narcissistic perversion. Later it was realized that a part of the libido is always tied to the individual himself, and finally it became clear that this is a prerequisite for health and well-being. There is considerable evidence to the effect that some moral-masochistic impulses are essential if we are to feel content with ourselves and are to make a satisfactory social adjustment. We want to feel useful or to be needed by some other person. We want to serve a doctrine or a social cause. Whole-hearted devotion to a task is for many people a prerequisite condition of happiness. They want to live for something outside themselves; they want to be able to worship.

Sigurd Hoel, the Norwegian author, recently wrote: 'Most young intellectuals long profoundly for a spiritual father—one to whom they can submit in reverence.' Hoel was quite right; but it is not only young intellectuals who feel this need.

It may be objected that we sacrifice ourselves

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only if it is indispensable to reach an aim, and that gratification is found only in the achievement of the objective, not in the sacrifice itself.

Obviously masochism does not enter into the picture when, for example, a man sacrifices money to buy flowers to win the favour of a woman who interests him. It is true that the only purpose of some sacrifices is to ' purchase ' a specific result. But it would be absurd to attribute the ' purchasing ' motive to all forms of sacrifice. The desire to fight does not find its sole gratification in the attainment of the prize any more than is the impulse to sacrifice exclusively centred in the objective.

For most people a certain amount of self-sacrifice is essential for contentment with life. It is devotion as such that is desired. This need for self-effacement is often independent of the individual or the end to which the person wishes to devote himself. It is a question of a certain function; it is an attitude to life rather than a specific objective which the individual wishes to attain.

At this point it might be replied that sacrifices to achieve a purpose are the only kind indulged in by really healthy individuals, and that masochistic impulses are invariably pathological. This concept, however, seems improbable. The widely prevalent masochistic tendency to devotion and sacrifice can hardly be always labelled as pathological. There are phenomena which may well be interpreted as sublimated forms of masochism, but at the same time should be regarded as normal components of the harmonious mind.

I would like to illustrate this statement by examples. First of all, the moral demands imposed by the super-ego. These demands may be a plague or a nuisance, but they often have at the same time a positive value for the individual.

Although the attitude of the super-ego naturally has aggressive components, the attitude of the ego toward the super-ego is not only passive. The ego often accepts moral demands relatively willingly, in other words masochistically. This is not surprising in view of the influence of the parents on the origin of the super-ego. In infancy the attitude to the parents, particularly the father, contains masochistic tendencies. Remember Freud's paper, A Child is being Beaten '.

Thus even the normal functions of the conscience include masochistic trends.

The sublimated masochism of the normal individual reveals itself even more clearly in his relationship to the organized groups in which he lives. Man's tendency to become a part of a larger unit appears to be in part identical with the moral-masochistic impulses.

As members of the organized group we cease to some extent to be independent individuals; we relinquish our personal existence. This in itself is a kind of self-destruction. But there is more to it than that. We know that one of the fundamental characteristics of the organized group is that it has a ' head-man ', a ' king ', or at least a ' guiding principle '. The attitude of the individual to a leader or to the leading principle has a masochistic component. The stronger the tie to the leader, the more the members of the group lose their individuality and the more strongly they feel the need to serve the leader and even to sacrifice themselves for him.

An army in wartime is an example of a highly organized group. The struggle for ' king and country ' can make the soldier willing and even glad to give his life.

No doubt we all agree that we have little use for war. But wars have been fought since the beginning of time, and consequently we are not justified in calling war a pathological phenomenon. The same is true of Freud's other example of a typical organized group: the church. There, too, we find highly significant examples of impulses towards effacement or abasement of self. A religious person takes pleasure in the concept of a god who is infinitely wiser and more powerful than himself. Monks and nuns indulge in self-torment. The vow of celibacy or of chastity is a form of mental self-castration. The sacrifice of precious possessions belongs to the ritual of most religions. The true motives behind these customs are generally concealed by rationalization. But the psychologist does not doubt that a masochistic impulse in relation to the god or gods is one of the motive forces.

It is not only among members of the organized group that we find masochistic trends. The same tendency is also seen in certain of the leaders, especially leaders of the ' heroic ' mould, such as Prometheus and Christ. A good example of a more trivial self-sacrificing hero is Will Thompson in Caldwell's *God's Little Acre.*

The more we understand the human mind, the more convinced we become that the need for effacement or subordination of self to a higher authority is in many ways deeply rooted in the nature of man. In some persons the masochistic impulses can be unearthed only by

thorough analysis, while in others they clearly dominate a great part of the pattern of behaviour.

It is difficult to express a valuation even in the case of the latter category—those who deliberately sacrifice themselves. This group includes all kinds of people. Some of them we can dismiss as pathological fanatics. Others, however, belong to the great ones of this world: saints, idealists, reformers, artists, scientists.

It is interesting from a sociological point of view that our present culture tends to be contemptuous of the masochistic features of man's attitudes. We often find it difficult to recognize our own impulses to self-effacement and submissiveness and we are frequently also ashamed of them. This attitude is characteristic of modern civilization. In olden times the situation was the reverse. The religious paintings of the Middle Ages often show the donor of the picture—usually a rich and powerful man—on his knees with hands clasped as if in prayer and his face reflecting a pious expression. What present-day magnate would consider being painted in such a 'humiliating' position?

Nowadays self-respect will not permit the attitude of the worshipper, even though many people would undoubtedly be happier if their self-respect would allow them to indulge in greater devotion. It would be interesting to investigate why the 'ego ideal' has changed in this respect.

This question is of practical interest also, for every form of repression is significant. We know that even though a repressed drive may seem to disappear, it still influences the behaviour. It emerges again, but in a distorted form, which is below the level of the personality: repression counteracts sublimation. One is tempted to wonder whether repressed masochism may not lead to grotesque and even dangerous social phenomena, such as Nazism and the Hitler cult, and other extreme political movements.

European culture of to-day is characterized by unusually strong tensions. The question arises whether one of the causes may not be the pronounced tendency to condemn and eliminate the masochistic impulses. There is no doubt that the various religions have offered ample opportunity to act out masochism. And never before in history has religion played such a small part as in modern European culture. This gives food for thought.

The present line of reasoning presupposes that the masochistic instinct or, to use Freud's term, the 'death instinct', follows the same pattern as the other more clearly understood instincts.

Are we justified in assuming that this is the case? Although Freud does not say so in so many words, it would seem that he was thinking along those lines. In *Civilization and its Discontents* we read: (p. 102) '. . . I take up the standpoint that the tendency to aggression is an innate, independent, instinctual disposition in man' and (p. 90) 'Men clearly do not find it easy to do without satisfaction of this tendency to aggression that is in them; when deprived of satisfaction of it they are ill at ease.'

Freud indicates that to get rid of this discontent the individual may turn the outward aggression inward again: *Civilization and its Discontents* (p. 105): 'The aggressiveness is introjected, "internalized"; in fact it is sent back where it came from, i.e. directed against the ego.'

Other ways to handle the sadistic aggressive-energy are either blending or sublimation to socially adapted impulses. Thus the externalized aggression follows the pattern of an ordinary instinct: gives rise to trouble when repressed and can be sublimated and blended. It might seem reasonable to attribute the same characteristics to internalized aggression, to masochism.

This conclusion entails two important consequences. It means that disturbances in the inner balance, that is neurotic disturbances, can arise from both forms of aggression; that which is turned inward and that which is turned outward. And secondly it implies that both forms should be accorded their place among the other instincts.

My opening words concerned the difficulties encountered in the analysis of patients with pronounced masochistic tendencies. These difficulties may depend partly on the analyst's tendency to deny masochism its dynamic rôle in the healthy human mind. In principle the difficulties are the same as those which would arise if another form of psychic energy were prejudicially excluded.

In my practice I have found that the problems connected with the treatment of patients with strongly masochistic tendencies have often been more troublesome in men than in women. The explanation of this would seem to be that society, and even the analyst, is more tolerant of moral masochism in women than in men.

An additional factor in this respect is probably that women have a better opportunity of acting out their masochism in their procreative functions.

THE MECHANISMS OF REGRESSION IN THE POETRY OF BAUDELAIRE AND HIS FOLLOWERS [1]

By OTAKAR KUČERA, M.D., Prague

The lyrical work of Charles Baudelaire not only marks a turning-point in the development of nineteenth-century French poetry, but is of far deeper significance. The notion has become widely accepted among the front rank of writers and critics of verse that Baudelaire, if not the ' original begetter ' of modern poetry as such, at least gave the original impetus to the lyrical poetry of our own time within the European cultural sphere.

In the course of a detailed psycho-analytical study of Baudelaire's life and work, I became involved also with that curious and brilliant constellation of poets who—in Verlaine's phrase —are generally and collectively known as *les poètes maudits*. Deriving from Baudelaire, these poets further explored the various avenues first opened by the former; their work and his, linked together by remarkable logic, must be viewed as a whole. This direct progeny of Baudelaire, I believe, includes Verlaine, Rimbaud, Lautréamont, and Mallarmé, and is concluded in a remarkable fashion by Jarry.

In this paper I wish to present certain conclusions in the light of the extent to which the mechanisms of regression play a part in the work of the members of this group and in the development for which they stand. An introductory reference, as concise as may be, to some artistic and more particularly literary ideas basic to my work, will be inevitable. While no specific reference is made to the psychoanalytical literature used, I should like to express special indebtedness to the writings of Bernfeld, Bonaparte, Brill, Anna Freud, Mette and Sachs.

The artist is here defined as an individual who—subject to powerful fixations on pregenital levels—has on the whole failed to move beyond puberty and remains locked in the world of phantasies devolving on the undissolved Œdipus complex. In consequence of his intensified (though very happily tempered) narcissism he is able, by means of the outward projection of these phantasies, to create some sort of ' also-objects '; it is thanks to this faculty, chiefly, that he is able to return from introversion to reality. Hence the artist imposes Œdipus-phantasies on those objects; this imagined gratification liberates instinctual energies which would otherwise remain pent up in virtue of the ruthless prohibition imposed by the super-ego on their aims. By dint of disguising it by a process of transformation roughly equivalent to the mechanism of dream-work, the true nature of these objects and their activity remains veiled; reprehensible desires anchored in the depth of the id are revealed only in a form acceptable to the super-ego. The formal perfection of the work of art serves a special function in this process; it acts as a ' bait ', and serves to stress the permitted, ' innocent ' nature of the aim-inhibited impulses; in this way, furthermore, the second class of object-directed instincts, the destructive impulses, are bound.

The function of the individual work of art in the artist's path of development is thus seen to be a recurring ' final ' solution of the Œdipus situation. The infinite variety of possible solutions is limited only by the number of concrete possibilities of identification contained in the artist's unconscious and by the ratio of their several strengths at a given moment, determined by the individual's personal life and his social situation, in the widest sense.

What, we may ask, is the social function of art? The individual, in the complex organization of modern society, finds it difficult to master the task of adapting his instinctual aims to existing social claims in the time available to him, i.e. before completion of puberty. Art offers the modern adult a possibility of effecting this adjustment subsequently, and, as it were,

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by instalments. That is to say, art enables the individual to return—temporarily—safely and ' in disguise ' to the archaic Œdipus situation (this alone involves a gratification), experience and finally ' solve ' it in terms of identification with either father or mother, in a manner determined by social position no less than by the peculiarities of individual development. Art provides the psychic condition which in even the modern adult individual may reinstigate and fractionally bring to maturity the ' emergence of social man '; it provides the method by which the affective nucleus of the human personality may even to-day be moulded. This is the ' timeless ' function of art and the reason for the ' timelessness ' of the individual work of art that is perfect for its time.

The most cursory outline must suffice to define the place and function of poetry, which is the proper subject of this study. Epic verse, on the one hand, is characterized by the fact that it maintains a relation towards action—even though it be only imagined action. That is to say, the epic is directed towards action, involving activity of a sexual, and as a rule, genital nature. Closer investigation hence reveals an intimate relation between epic and drama, and the attainment of the genital primacy in the organization of the libido. Lyrical poetry, on the other hand, points away from the imagined action, towards a mere mental state, mood or emotional excitation. It is distinguished from the former by a more intense use of defence, especially of repression. This leads to a kind of ' decapitation ' of the original, imagined action, and to the repression of the functional phantasy which represented one of the ways to mastery of the Œdipus complex. All that remains is that aura of mood and emotional excitement which is the proper function of lyric poetry.

But, in view of the foregoing, what is poetry's ' power of gratification '? This consists, I believe, largely in the mechanism of ' finding the word ' which devolves chiefly on a fixation on an analogous infantile situation, experienced by the child during the initial phase of learning to speak. In this period, the discovery of verbal images—with the aid of a beloved person—is strongly invested with libidinal content and becomes a ' game ' for the child, which is thereby enabled to exchange its passive for an active rôle. This, of course, implies also a close connection with oral fixations.

This is not to say that all lyrical poetry is based on a regression from the genital phase of libidinal organization; on the contrary, the genital primacy constitutes the typical and universal basis of lyrical poetry in the classical period. Figuratively, this could be likened to the mechanism of the hysterias; while the creative process of lyrical poetry involves ' exclusion of the genitals ', i.e. a ' decapitation of the action ', it is determined in all other respects by attainment of the genital phase of organization of the libido and the degree of maturity of the ego corresponding to this phase. This means that, while the action is reduced to mood, its affective content being transferred to the verbal images expressing that mood, the verbal construction retains a rational significance, the poet's diction is outwardly roughly like rational speech—classical lyrical poetry always yields a clear rational ' meaning ', its verbal organization obeys the rules of grammar and syntax.

Modern lyrical poetry, which, as has been stated, may be claimed to derive from Baudelaire and his followers, is a different matter altogether. In order to define the essential difference, it becomes necessary to isolate the specific quality of Baudelaire's verse which sharply differentiates it from, say, that of his fateful ' negative model ' in life and poetry, Victor Hugo. Hugo's classical romanticism corresponds to the genital phase of libidinal development, to a personality which is fully aware of the relationship between the worlds of fact and phantasy, recognizes the supremacy of the intellect as a matter of course, and refuses to abandon the rational meaning of the verbal images. The essentially new feature of Baudelaire's verse devolves on the employment of the mechanisms of psychic regression, the expressions of which are mastered and widely exploited in the new poetry.

The symptoms of regression exist objectively in the total psychic structure of all poets in the group dealt with by this study; they are marked by deviations from the normal in the organization of sexual life in which the genital discharge is replaced by fractional gratification of the various partial instincts. These determine, therefore, not only these poets' personal life as neurotic, but the ' contents ' of their work no less. The symptoms of regression are to be found also in the formal aspect of this poetry, where the dominant and even exclusive stress is laid in the pre-genital, irrational, aspect of verbal expressions in which auditory values

play the chief part and heighten the effectiveness of the diction.

The individual personalities of the poets in this group, however, differ in both directions outlined above. First in the series is Baudelaire, the ' classical ' modern poet. The epithet is appropriate, since ' rational ' meaning is essential to his diction, although at the same time ' nether ' pre-genital valencies are increasingly brought in play. The external circumstances of his life enabled Baudelaire to experience an Œdipus ' triumph ' and subsequent bitter disillusionment; hence identification with the father of the ' hero ' type remains fundamental to his personality, though alternating with numerous traits of the opposed, masochist, mother-identification. Parallel with this dualism, a regression took place from the genital organization of the libido towards the pre-genital, chiefly the sadistic-anal, level, and to a lesser extent to the oral level; during the period of transition from one phase to the other, the ' search for the all-powerful word ' became invested with strong libidinal content, and retained the symbolic significance of sexual action. The verbal images found to be effective in this sense remained adjacent to the system of the id, and linked with gratification of the sense of rhythm, smell, sight and hearing. This is the basis for the ' utilization of pre-genital word-values ' removed from rational denotative values which is so characteristic of all modern poetry from Baudelaire onwards.

Where Baudelaire impresses himself as masculine (though neurotic and somewhat perverse) Verlaine is seen to be a typically bisexual personality. Moments of brutal masculine aggressiveness are infrequent breaks in a fundamentally feminine attitude. Verlaine was homosexual and took the woman's part; even his heterosexual activity is marked by masochistic tendencies. Symptoms of regression to the oral level are more pronounced than in the case of Baudelaire, while the victorious masculine attitude corresponding to a father-identification is altogether absent. Verlaine is always the little boy, ' naughty ' in his constant need for immediate sensual gratification, ' good ' in his contrite prayer for forgiveness of his ' sins '. These traits justify the assertion that the instinctual regression in Verlaine's case was more profound than in Baudelaire's, the mechanism of regression found more extensive use in the former's literary work, and finally, that in Verlaine's personality it never came to the emergence of a mature, masculine ego. As a result, Verlaine's work is outstandingly representative of two directions in modern poetry: of religious verse (which on the whole remained somewhat apart in the general development) which lends voice to an attitude of contrite, masochist submission to the father, together with a powerful sense of guilt and impulses of homosexual love; and of lyrical impressionism. Verlaine's impressionism, though deriving from Baudelaire, marks a decisive advance on the latter's limits, in virtue of the fact that Verlaine was not constrained by Baudelaire's ' moral ' ego and hence found it easier to abandon the rational meaning of words. His abandonment of the rational structure of verbal images in particular made Verlaine an admirable vehicle for passive, intuitive perception and expression of sensual reality, unburdened by any ulterior order, directed solely towards immediate sensual gratification.

Lautréamont remains apart from the main stream of development. Discovery and emulation of his verse had to wait for the generation of poets emerging after the First World War. The direct Baudelairian lineage—obvious in Verlaine's verse—can be demonstrated only with difficulty in this meteoric phenomenon. The fact, however, of the employment of regressive pre-genital mechanisms is striking at first glance. Whereas Verlaine developed one of Baudelaire's traits—the anal-passive—and in consequence of his total psychic organization was able to experience it more intensely and thus to express a musical, femininely-gratified, intuitive sensuality beyond the limits of development possible to Baudelaire, Lautréamont most intensely experienced the sadist-destructive group of instincts. Aside from this ' specialization ', a further important characteristic sharply differentiates Lautréamont from Verlaine: for Lautréamont, the field of regression was not confined to the unconscious level of experience (as in the case of Baudelaire, whose final literary product was again merged completely in the mature, rational, organization of his personality) but dominated the work of art itself. Lautréamont's creation proceeded largely in terms of the laws of the unconscious; the world of his visions is an ' unreal ' world, a world of stylized dreams raised to the light of day—the world of the id.

There is one quality shared by Lautréamont and Mallarmé: the preponderance of the sadist-masochist dualism in the latter's instinctual

organization. Yet the methods of the two poets in exploiting this dualism are exactly opposite. In Lautréamont's poetry, his wild visions are revealed almost precisely as they arise in the id and obtain their effectiveness from the very absence of disguise. Mallarmé veils sexual reality more and more sedulously, progressing from an expression of its concrete sensual nature towards as far as possible ' absolute ' verbal abstraction, and thus attains in the end to a kind of poetry in which the destructive impulses—mastered within the formal perfection of the structure—increasingly gain the upper hand over Eros, until the form completely devours the content and the cumulative process of defusion of the instinctual trends finally issues in the dead schematization of *Jet de dés*, or in complete sterility.

Nevertheless, Mallarmé is Baudelaire's most faithful disciple. The instinctual structure of both is analogous; both are characterized by a primary father-identification, mixed with strong feminine trends, and combined with the sadist-masochist dualism. For Mallarmé, however, the ego-ideal plays a far more important part; it far more rigorously suppresses all direct manifestations of the sexual instincts, more particularly of the pre-genital phase. This factor is exemplified even in Mallarmé's own model bourgeois existence. The same tendency may be observed in the use made in Mallarmé's poetry of sublimated libidinal impulses. The destructive impulses of the super-ego rigorously suppress any direct manifestation of libidinal trends, which can thus reach expression only in a veiled form and after far-reaching distortion. In the final poetic result, destructive and libidinal components are linked in a formal splendour in which the former have an important share.

Verlaine, to some extent Lautréamont, and certainly Mallarmé, must be viewed in the light of the progress accomplished by them along the various lines of development first revealed by Baudelaire. This means that the depth of regression, and the extent to which its mechanisms find employment in poetic creation, are similar in all these poets, although the individual content given to them differs in each instance. The poetry of Rimbaud, in striking contrast to these former, is not only a direct continuation of Baudelaire's, as well as Verlaine's, work; Rimbaud transcends his literary ancestors, and brings their ideas to fruition in a unique fashion. The psychic mechanism which fitted him for this task, and which he used so brilliantly, was again regression, but a regression incomparably more profound, harking back to the phase of oral narcissism. The central poetic attitude of Rimbaud's mature work marks a return to a phase for which the creative self and the world of objects are indistinguishable. This devolves upon a complete capacity for identification, and a sense of the unlimited magical power of the verbal utterance. Here, the rational meaning of the verbal structure is finally abandoned. An absorbing problem is posed by Rimbaud's relation of his creative with his ' civilian ' personality. ' *Je devins un opéra fabuleux* ' is the conclusion at which the former arrives, giving perhaps the most perfect expression of the ' oceanic feeling ' known to literature. At the side of the profoundly regressive poet, however, Rimbaud the citizen remains and obstinately endeavours to retain the mature intellect and sober realism germane to him. The resolution of the conflict comes early in life, with ruthless consistency, in favour of the realist ego; poetry, the wondrous blossom of the profoundest regression of the id, is abandoned once and for all.

This brings us again, for the second time, to a consideration of the fulfilment and goal of the path revealed by Baudelaire. Once more we arrive at a dead end. The road becomes impassable; the reason for the failure in both cases must be sought in the incompatibility of the worlds of ego and id. Mallarmé, after a weary struggle over long decades, ultimately arrived at the total suppression of libidinal impulses, through the increasing systematic utilization of destructive ' formal ' components. In this sense, while the forces of the mature ego gain final victory over those of the regressive id, the poet stiffens into sterility. Rimbaud's meteoric flight brought him, within a few months, to the ultimate limit of intensity set by the depths of his regression. It may have been that his narcissism was adversely affected by lack of success, or a sense of danger to his own ego aimed by the explosive forces of the psychic energies was loosened by a regression so complete that it made him turn back; in any event, he did not reap the fruits of his forward thrust for long. With a resolve that was as sudden as it was definite, he abandoned poetry. The same result is found in both cases, though it had been attained in sharply contrasted ways: a dearly-bought victory for the ego, yet a victory ultimately vain, since the ego that issued from the

struggle was energically impoverished and limited in its effective power by inhibitions and neurotic symptoms.

Summing up our conclusion we find that Baudelaire, Verlaine and Mallarmé employed instinctual regression of roughly the same depth; these three poets are in one straight line of development which issues in symbolism. Lautréamont, though related in depth of regression to the former group, stands apart in consequence of the peculiar relationship in his poetry of the worlds of the ego and the id. The poets of the first group, from Baudelaire to Mallarmé, on the whole recognize in the world of the mature ego a wide and comprehensive framework, of which the phantastic world of art is merely one aspect; in Lautréamont's poetry, however, the world of phantasy rises to independence, becomes indifferent to the realistic ego and ignores the claims of rational comprehensibility.

Rimbaud's emancipation is marked even more clearly. Indeed, as we know, Rimbaud himself felt the partition of his mind into two ' systems ' unbearable and removed the problem by abandoning poetry. Consistent pursuance of the paths opened by exploitation of a certain depth of regression thus in every case conflicted with the world of the mature ego to such a degree that the extreme reach of the creative impulse coincided with the ultimate, impassable limit set to creation. In so far as we regard this new poetry as a manifestation of the Œdipus rebellion against the sphere of expression of the ' fathers ' it must be recorded that as a final consequence in both cases the aggressive impulse turned destructively upon the very means of its realization.

At this point, the initiative of Jarry (which found notable expression in the original production of *Ubu roi*) was an important step forward. The substance of his attainment rests on the fact that here the use made of regression is no longer restricted to the world of the id and its component processes, but is made to extend to that of the ego itself. The conflict between the two systems is hence replaced by their joint aggression against the system of the ' fathers ', i.e. the mature, adapted ego. The obvious premise for this critical step is, once again, employment of the mechanism of regression, going back to the oral phase; this time there is, however, an essential contributory factor: the ego is included in the process and returns to archaic states preceding the emergence of the super-ego and the reality-principle.

In his own verse, Jarry made little use of his attainment. A fuller application of the principle was left to the poets of the first decades of the twentieth century, dominated by Guillaume Apollinaire. He is the foremost representative of one of the two chief tributaries to the contemporary poetic stream. The poets of this group are characterized by the extreme use made of the mechanisms of profound regression at all levels of the mental apparatus, thus liberating further psychic energies from the region of the id, which is the emphatic foundation of this class of poetry. The other chief group, represented by Paul Valéry, devolves on a complex organization of the mature ego with strong narcissistic trends, yet endeavouring—after the negative lesson taught by Mallarmé—to maintain full correspondence with the libidinal energy stored in the id to ensure, as it were, a steady and reliable supply of libido. To attempt a more detailed psychological delimitation of these two main paths, or to analyze yet other, minor groups and tributaries to the stream of modern poetry, would transcend the scope of this paper.

(Translated from the Czech by O. Stein.)

POETRY AND MEMORIES OF CHILDHOOD [1]

By HENRI FLOURNOY, GENEVA

Mr. X,[2] a contemporary poet of French Switzerland, related during analysis the following memory of his infancy, which he has authorized me to publish here:

' My mother had taken me one evening to a travelling show in the village square. I was seated at her side. Looking up, I saw a family of athletes, and particularly noticed a tight-rope dancer who was swinging on a trapeze. The to-and-fro movements of this strong man fascinated me, and at the same time aroused in me a veritable anguish.'

This is the earliest incident of his childhood that Mr. X can remember exactly. He was three or four years old at the time, and thus at the age when the Œdipus complex is at its most intense. And in fact, analysis showed that the content of this memory, at first sight so innocent, revealed Œdipal fantasies with a strong element of visual curiosity. The small boy, comfortably ensconced at his mother's side, watched the evolutions of the strong man. Fascinated by him, he would have liked to be able to throw himself about in the same way, to take his place; and at the same time he experienced a deep distress. This feeling of distress, although apparently justified by the perilous situation of the tight-rope dancer, betrayed in reality the unconscious aggressive tendencies which the child was suppressing.

During the early months of analysis—before the Œdipal significance of this episode had been brought to light—Mr. X described the incident in a little poem entitled *L'Homme volant* (' The Flying Man '). It is a very short piece, in three stanzas, and forms part of a series which he called *Minor Poems* and dedicated to his mother. Here it is:

L'HOMME VOLANT

Funambules au village,
Quelle audace vous étiez
Pour nos yeux tendres, à l'âge
Où s'ouvre le monde entier.

Je me rappelle, au trapèze
Insensé, l'homme volant.
Moi, sans souffle sur ma chaise,
Je cinglais du même élan!

Quel vertige, ô souvenance!
J'en tressaille: c'était hier,
Ce frisson de mon enfance,
Et moi, trop sensible et fier.

(Tight-rope walkers in the village,
What daring you held
For our innocent eyes, at the age
When all the world is opening to us.

I can remember, on the crazy trapeze,
The flying man.
And I, breathless in my seat,
Tingled with the same daring.

What heady remembrance!
I quiver, as if it were yesterday,
This thrill of my childhood.
And I so sensitive and proud.)

The mere reading of this little poem, in which the author describes his first childhood memory, gives quite a different impression of this incident from the story I have related. For the poem has an æsthetic value. Expressing so well in a few lines the feelings of surprise and fascination, the child's desire to emulate, his pride, the distress which rendered him breathless, the poet he has since become has expressed himself in

[1] Paper read at the 16th International Psycho-Analytical Congress, Zürich, August, 1949.

[2] M. Gilbert Trolliet, author, among other works, of the following volumes: *La vie extrême* (1932), *Nouveau monde* (1935), *Deux Odes* (1940), *Offrandes* (1944), *L'Inespéré* (1949). *L'Homme volant* is an extract from *La bonne fortune* (1942). M. Trolliet gained in 1935 the *Prix de Poésie* awarded by the *Société des Écrivains suisses*. In 1938 he received the Schiller prize, and in 1949 the *Grand Prix de Littérature rhodanienne*. In July, 1949, he was awarded the *Grand Prix de Littérature* of the *Congrès des Écrivains de France*.

a particular form with a *je ne sais quoi* which plucks poignantly at our æsthetic fibre.

The relation between reverie and poetic creation has been studied by numerous psychoanalysts—particularly by Hanns Sachs, Pfister, and Rank—since Freud published his article, *Der Dichter und das Phantasieren* (1908). In both cases, poetry and day-dreams, desires motivated by unconscious tendencies of childhood origin are being fulfilled. Freud has shown also the links which attach poetry and reverie to the phenomenon of *play* in the child. But in play, the imagination leans more on visible and concrete realities.

The memory of this childhood incident which I have related—which remained so vividly in the imagination of the adult Mr. X as to furnish him with the theme for a poem—is connected with the Œdipus complex, and it is this which gave it all its affective force. We shall see besides that the incident in question had quite clearly the character of a game: watching the acrobat swinging on the trapeze, and ' tingling with the same daring ', the little boy identified himself with him. He saw here a physical exercise which children seek deliberately in their games, the pleasure of which is augmented by the feeling of risks to run and dangers to surmount. (The French expression is *se jouer d'une difficulté*—to make game of a difficulty.)

Just as in dreams, daydreams and play, the poetic work has as its function the obtaining of an inward *liberation* for its creator, and thus a feeling of pleasure. But it differs from these more primitive activities of the psyche in its *social implication*—a characteristic which it has in common, by the way, with the most varied æsthetic creations—painting, sculpture, music, etc. If we ask ourselves in what this social implication of art in general consists, we shall see that a work of art exerts an attracting influence on others. We must nevertheless distinguish here between content and form, a distinction which seems to me easier to establish in the poetic art than in the others.

The *content* of a poem attracts in so far as it expresses emotions and conflicts of a very profound and universal nature—for example, those of the Œdipus complex. The reader vibrates unconsciously in harmony with the work of the poet, although the latter has drawn it from the profundities of his own nature. But if the effect is to be ' æsthetic ', the poet must be able to veil all that might betray too personal peculiarities, egocentricity, narcissism, and so on, and to veil also, in this satisfaction of his desires, anything that might fall foul of the censorship, particularly any erotic tinge. Now dreams (which are always individual), daydreams (which are solitary), and certain childish games which are fundamentally egoistic, conceal in but perfunctory fashion the egocentricity of the subject. Thus although these products of the psyche may interest us as objects of analysis, they do not attract as a work of art does: they lack the ' æsthetic ' cachet.

How does the poet succeed in veiling the too crude, the too personal, in the expression of this affective content which belongs to him alone? He attains this end first of all by having recourse to methods similar to those used in the censorship of dreams: shifting of the affects, condensation, symbolic representation, division of a single person into several, etc. But none of these mechanisms is specifically æsthetic. On the other hand, the poet uses also another method of disguise, which is unknown to dreams and daydreams and belongs specifically to art. This method consists in the care he devotes to *form*, which often involves conscious and sustained effort.

In other words, the creator of a work of art succeeds, by means of a number of stratagems which constitute his technical genius, in removing the stress from the content (which in dreams is of sole importance), and transferring it to the form. According to the degree of perfection he gives to this form, to its harmony, its arrangement, the work becomes attractive to others and thus acquires its æsthetic value. It is the problems of form which properly belong to the realm of art.

Psychologically, if we say that a work of art is attractive we mean that it draws us because it gives us pleasure. It exerts this effect quite apart from any consideration of utility or reason, as if it were endowed with a sorcerer's power, a *magical* virtue. Dr. Borel, in his article on magical thought in art, has brought out this point very well. We say also that art charms us, seduces us, rather as if it exerted a kind of agreeable hypnosis. The analogy of these two kinds of phenomenon has often been remarked.

In short, the work of art arouses straight away in the spectator what Freud calls a *fore-pleasure* (*Vorlust*), or again an instalment of attraction, a kind of seduction (*Verlockungs-*

prämie). Then comes the orgasm of enjoyment properly so called (*Genuss*), which is due to the liberation of the contents of the unconscious and the realization of desires.

Æsthetic enjoyment would seem to depend also, according to Sachs, on a process which, truth to tell, belongs more to the inner meaning than to the form, and whose significance is general, even in domains far removed from art (the urge to confession, *Geständniszwang*). In giving his work to the public, the author confesses his preoccupations, he calms the exigencies of his super-ego. At the same time he fulfils a social function by sharing his state of soul with those who admire him, and thus appeases their unconscious feeling of guilt.

As a means of expression, art differs from ordinary language in the possession of a peculiarity which has been brought out by Baudouin, among others, in his *Psychanalyse de l'Art*, and more recently by Ernst Kris in his article entitled *Probleme der Æsthetik*. I would call this peculiarity delicacy of expression. The artist merely sketches his thought for others, he incites subtly, he suggests in discreet fashion, leaving every freedom to those who contemplate his work. It is for this reason that the work may be interpreted in so many different ways. The artist ' invites ' us to react, says Kris. Art, writes Baudouin, 'consists of possibilities in suspense, which cannot be " precipitated " into consistent realizations except at the price of instant destruction.' It will be noticed that the communication of a scientific truth proceeds along quite different lines. It must tend to convince, and seek to be as precise as possible and to impose itself by the consistency and rigidity of its expression. In science it is the spirit of geometry which prevails, in art the spirit of subtlety.

Let us turn again to the question of form, and particularly in poetry. And let us remember that the attention given to form and the preliminary pleasure which results therefrom, which are the essential characteristics of all artistic activity, do not imply that this activity is superficial, offering little interest for the psychology of the deeper layers. On the contrary. Even the psycho-analyst least able to appreciate the beauties of art will find in the study of form an inexhaustible mine of exploration. If I am not mistaken, the stratagems employed by poets in general should be easier to bring to light than those of painters or composers. They are chiefly those of *rhyme* and *rhythm*.

In an article on poetry and oral satisfaction, Brill stresses the pleasure a child finds in playing with words. The repetition of matching syllables (the fundamental principle of rhyme), which is a feature of childish neologisms, and, in certain morbid states, verbal stereotypism, may be explained by a regression to the pregenital oral phase. In these manifestations the stress is in fact removed spontaneously from the meaning of the words, and concentrated on the form. The same applies to the refrains of childish songs, which underline the rhythm by their regular and periodic repetition.

These play activities, these primitive games, are of course linked to pleasant sensations. Now the poet is a past-master of this art; he knows how to play with rhyme and rhythm. He finds the same pleasure in them, continues Brill, as the gourmet finds in savouring delicacies and sipping choice wines. Satisfactions of this order indubitably have their first origin in the unconscious resources of *oral eroticism*.

To those who may find it difficult to accept the notion of such a relation between art and the elementary biological compulsions, and who consider that the serious study of poetry should concern itself first of all with the great poets like Dante, Goethe, Shakespeare, and not with childish neologisms, we would reply in the manner of Brill with a comparison. If we wished to study the development of all the means of transport that humanity has invented, we should begin with the litter and the two-wheeled cart before going on to examine the engines of the fast planes that streak across our skies.

Brill remarks also that in the relations of baby and mother, before the child can speak or have recourse to the magic of words, it is only able to cry; and that the most soothing reply it can receive is the sucking of the breast. Now this function, in which the baby plays a very active part and in which it finds an obvious satisfaction, is definitely rhythmic.

Other authors, for example Prescott in an important work on poetry and dreams, have attributed the sense of rhythm and time to *cardiac pulsations*. But since we do not feel the beating of the heart, unless it be in disagreeable and pathological circumstances, I feel that one of the earliest origins of the pleasure of rhythm, after the sucking of the breast, is to be found in the exercise of *walking*. The more this exercise develops in the early years, the more it becomes perfected and automatic, the greater

the child's joy in the narcissistic burgeoning of his ego. The rhythm of walking, with its accentuation in the march, is, it seems to me, one of the agreeable, natural and instinctive sensations which are evoked with so much subtlety by the rhythm of the poet.

The same can be said of other bodily exercises which are done in time, to a certain rhythm, and which give physical enjoyment to a little child: rocking, *swinging*—which probably recalls the intra-uterine impressions experienced by the fœtus during its mother's walk. The poet is said to construct ' well-balanced ' sentences. His work reflects a flawless and harmonious balance. It is curious to note that in the poem of Mr. X which is reproduced above, the author evokes precisely this first childhood memory, in which swinging plays a decisive rôle; the small boy identifying himself with the man on the trapeze. I wonder if we should not seek here one of the determining factors of his later vocation as a poet: the recovery in the form of art, by a happy balance of rhyme and rhythm, of a very old and profound satisfaction, its sublimation, and the awakening of the same echo in the reader.

The study of form throws, therefore, a certain light not only on the æsthetic problem in general, on its technical methods and stratagems, but also on the personality of the creator of the work of art himself. In its psychological interest, form yields nothing in importance to content.

It is hardly necessary to add that psycho-analytical investigation, whether of form or content, does not hope to resolve all the problems of art. Investigations such as this, we read in Freud's preface to *Edgar Poe* by Marie Bonaparte, ' do not claim to explain creative genius, but they do reveal the factors which awaken it and the sort of subject matter it is destined to choose '. And at the end of his little work on Leonardo da Vinci, Freud writes: ' As artistic talent and productive ability are intimately connected with sublimation we have to admit that also the nature of artistic attainment is psycho-analytically inaccessible to us.'

And when all is said and done, it is in this power of sublimation of the man of genius that there resides what Marie Bonaparte calls the ' mysterious gift ', and M. Edmond Jaloux ' the secret of beauty '.

A Hungarian writer, Mosonyi, in an article on music, makes on the subject of rhythm some remarks which apply also to the study of poetry with which we are concerned. ' By rhythm ', he writes, ' the wild, irrational power of the instinct is mastered, and a state of explosive tension transformed into an agreeable pulsation. What was excessive becomes a force placed at the service of repetition, of time, of order '. Mosonyi notes that from the motor point of view this well-ordered succession of relief and inhibition finds its clearest expression in the *dance*. The art of dancing is a rhythmic game in which the adult gives free play to what M. Spitz, in a communication to the Société Psychanalytique de Paris, calls ' sublimated pregenital tendencies'. Now in dancing the rhythm of movement is the more agreeable if it is accompanied by the rhythm of music.

To return to poetry. In my view the art of poetry, which shares with music the possession of rhythm, has also in common with it a thing to which writers have drawn very little attention: *sonority*. Independently of rhyme and rhythm, the poet succeeds in embellishing his work by means of a judicious choice of words and syllables, of inflections of style whose sonority pleases us. He flatters our ears by a subtle suggestion of melody. This being an essentially musical question, I would refer you to the interesting article of Paul Germain on music and psycho-analysis.

I would add, however, that music occupies a curious place among the fine arts, for while its affective signification is manifest, it does not depend necessarily on such mental representations and psychic content as are revealed in painting, sculpture or poetry. Because of this the psycho-analyst who wishes to make a direct approach to the study of a musical work finds himself in difficulties. On the other hand, the study of music has its compensations for the psycho-analyst, for its original form was song, which men share with the birds. Now among birds the attractive nature of song, as well as its biological function, can be clearly seen; they are intimately linked with the sexual instinct.

It has justly been said of the poet that his art is sister to that of the painter. The poet addresses himself to our visual imagination, to our eyes; he makes us contemplate landscapes, he gives us portraits, and evokes scenes with such brilliance that he makes us live them with him. But we have just seen—and it is with this statement that I would conclude—that the art of the poet addresses itself to our ears also. It charms us with its rhythms and its sonorities.

It operates by the magic of words, which exists in the depths of all our hearts, and by the creative omniscience of the word: ' In the beginning was the word.'

In this *double aspect*, at once aural and visual, lies, it seems to me, the truly specific character of poetry in relation to the other arts. This double aspect also gives the poet numberless possibilities of sublimation, according to his individual genius.

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[Translated by ANNE ROBINSON.]

THE SIGNIFICANCE OF FREUD'S EARLIEST DISCOVERIES [1]

By ERNST KRIS,[2] New York

The subject of this paper is a number of hitherto unpublished writings of Freud's which have unexpectedly come to light. They date from the years 1887 to 1902 and will shortly be available in German.[3] An English edition is in preparation.

The material consists of 168 letters addressed to a single correspondent and of nineteen manuscripts, clinical notes and various drafts of papers, a few comprehensive essays and of one monograph. None of it was intended by the author for publication. The editors, however, felt that publication was warranted, since the material represents a record unique in the history of science. While it seems at first that we can learn little from the new material that could not have been gleaned from a careful scrutiny of Freud's already published work, a more detailed study indicates some change of perspective. In thinking of the early history of psycho-analysis, we usually follow Freud's own account, mainly *The History of the Psychoanalytic Movement* and the *Autobiographical Study*. These were written at a distance of twenty and thirty years respectively from the experiences on which our new sources report, and were written by the man who had succeeded. The writings on which I am here reporting are by a man engaged in a desperate struggle with a new field of science, with a hostile environment and with resistances within himself. In this lies the uniqueness of the record.

In what follows, no chronological report and no biographical essay is intended. I shall omit much that is generally known, and focus on three interrelated problems in the early history of psycho-analysis: on the relation of psychology to physiology in Freud's thought, on the circumstances that led to the discoveries concerning infantile sexuality, and on the meaning of metapsychology for the development of Freud's ideas.

The relation of psychology to physiology stands in the centre of the correspondence. Only Freud's side of it is extant. Its termination roughly coincides with Freud's re-orientation towards physiology. Freud's correspondent, the closest friend he is known to have had, the Berlin physician Wilhelm Fliess, was by inclination a physiologist. Two years younger than Freud, whose neurological lectures he attended in 1886, he combined the practice of otolaryngology with research in physiology and biology. While some of his clinical findings survive in footnotes in German text-books of otolaryngology, his main work, the theory of periodicity in the life of both sexes, has long since been recognized as erroneous and as a kind of ' numerical mysticism '. However, for the history of Freud's thought this theory proved to be stimulating; it directed his attention towards the problem of bisexuality.

Freud and Fliess had both been trained in the doctrines of the school of Helmholtz and Du Bois-Reymond [4]—a physiology based upon physics. Brücke, Freud's teacher in Vienna, considered himself their ambassador to the Far East. An eminently successful ambassador he was, who at the time had attracted many eminent scientists, among them Joseph Breuer. We know from Freud's writings that, at the age of twenty-six, he reluctantly abandoned physiology and turned to the practice of medicine. It is not always equally well realized how far the immediate influence of his physiological training extended and what continued influence it exercised on his later work.

From physiology Freud turned to a field of its application, to brain physiology and clinical neurology. This interest predominated through-

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[1] Paper read at the 16th International Psycho-Analytic Congress, Zürich, August, 1949.

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[3] Freud, S.: *Aus den Anfängen der Psychoanalyse, Briefe an Wilhelm Fliess, Abhandlungen und Notizen aus den Jahren* 1887–1902. Edited by Marie Bonaparte, Anna Freud and Ernst Kris. London: Imago Publishing Co., 1950. The introduction gives detailed bibliographical references for the material referred to in this article.

[4] See S. Bernfeld: ' Freud's Earliest Theories and the School of Helmholtz ', *PsA. Quart.*, XIII, No. 3, 194 4

out his stay in Paris from the autumn of 1885 to February, 1886; his first publication upon his return was his translation of a volume of Charcot's lectures, published in German before they were published in French.[5] In footnotes added to Charcot's text Freud records literature and katamnestic data on patients he had himself examined in Paris after their presentation by Charcot. Freud's return from Paris coincided with his marriage and with his appointment to the neurological out-patients' department of a small children's hospital. On the basis of material collected during this work he published a considerable number of clinical communications on child neurology and several comprehensive monographs; the last of these was written in 1897. What by that time had become a cumbersome obligation compelled him to put other studies on one side: in particular his work on the intepretation of dreams. However, in the years after his return from Paris, Freud's interest in neurology and neurophysiology was by no means perfunctory. For years he planned a book on the anatomy of the central nervous system, negotiated with publishers, and finally composed several articles for a medical dictionary, in which he attempted to express his views. When without his permission the editor of the dictionary made radical cuts in his contributions, Freud felt so dissatisfied that he omitted the articles from the otherwise carefully compiled bibliography of his writings which he published in 1897.[6] Only one of these articles was expanded by him into a monograph, published in 1891 and dedicated to Joseph Breuer: ' A Study on Aphasia ',[7] which has been described as ' the first truly Freudian book ', and in which the theory of localization was replaced by the first functional theory of aphasia.

Freud's interest in hysteria and psychopathology in general stood in the background during these years. Before his departure for Paris, this interest had first been elicited by Breuer's account of the cathartic treatment of ' Anna O.' (the case known from the *Studies on Hysteria*). To begin with, Freud's attitude seems to have been ambivalent. In his autobiography he tells us how in his pride at his achievements in neurological localization he presented to his students ' a neurotic suffering from a persistent headache as a case of chronic localized meningitis '. His experience in Paris introduced a change: the existence of hysterical phenomena attracted his interest and may have re-awakened older impressions concerning the working of hypnosis to which he refers in his autobiographical writings. However, Charcot's lack of encouragement when Freud told him of Breuer's case seems to have fortified Freud's own hesitation. His first publications on hysteria did not follow the path indicated by Breuer's findings: in his report on his experiences in Paris he defended Charcot's views concerning the existence of male hysteria. For several years he worked on a paper, the outline of which Charcot had suggested, indicating diagnostic criteria for the distinction of hysterical from organic paralyses.[8]

At this point of Freud's development one might have gained the impression of a neurologist and neurophysiologist, whose interest extended into the borderland of neuropsychiatry.

The change in his interest and outlook was brought about by one great experience: his contact with patients in psychotherapy. Freud's interest was first centred on the differential diagnosis of the cases of neurotic and psychotic disorders with which he met in private practice. His interest in therapy grew slowly. He turned from his initial tools, from electrotherapy and hydropathy to hypnosis; he translated Bernheim's writings ' in order to retain some influence in a matter which is bound to gain considerable importance in the practice of psychotherapy '. He visited Nancy in 1889 in order to gain first-hand impressions of the working method of Bernheim and Liébault—but he soon abandoned their technique. The practice of hypnotic suggestion seemed to run contrary to everything he discovered in the relationship existing between physician and patient. ' Neither physician nor patient,' he wrote in 1892, ' can for any length of time be satisfied or tolerate the contradiction existing between the denial of illness during suggestion and its recognition outside that situation.' [9]

[5] J. M. Charcot: *Neue Vorlesungen über die Krankheiten des Nervensystems insbesondere über Hysterie.* Vienna, 1887.

[6] See *Inhaltsangabe der wissenschaftlichen Arbeiten des Privatdozenten Dr. Sigmund Freud* (1887–1897), 1897; also *Int. Zeitschr. und Imago*, XXV, 1940, p. 88.

[7] *Zur Auffassung der Aphasie.*

[8] ' Quelques considérations pour une étude comparative des paralyses motrices organiques et hystériques '. *Arch. de Neurologie*, No. 77, 1893. English version in *Coll. Pap.*, Vol. I.

[9] Footnote to Freud's translation of Charcot's ' Leçons du mardi ', *Poliklinische Vorträge*, 1892, p. 192.

From the use of hypnotic suggestion Freud turned to the use of hypnosis for purposes of exploration, to the cathartic method which had been applied by Breuer a decade earlier. Freud's growing interest in turn stimulated that of Breuer, who had withdrawn from the problem of hysteria, and joint publications were initiated: first the preliminary communication of 1893 and finally the *Studies in Hysteria* published in 1895. Freud's two independent contributions to the collaboration have become the cornerstones of psycho-analysis: first he established the connection between conflict, defence (repression) and symptom, which constituted the basis for all subsequent clinical approaches to the subject. His second contribution was of a theoretical nature: in 1892 Freud referred to it as ' the law of constancy ', postulating the existence of a tendency in the central nervous system to keep tensions constant. This formulation, foreshadowing the future pleasure and Nirvana principles of psycho-analysis, would account for the process of ' abreaction '. It was soon to gain more general importance as the first of those general assumptions of psycho-analysis for which during the 1890's Freud coined a term which appeared in his published work only twenty years later, the term metapsychology. The importance of this approach for Freud's thought during the early 1890's can be shown by two considerations. In entering as a scientist into the study of human psychical conflict Freud was entering a field that had so far been accessible only to intuitive thinking, to philosophic insight, religious and secular, or to poetic imagination and empathy. Freud became painfully aware of this proximity and only the rigour of scientific formulation promised to support his independence as an explorer. But science was not only a support against the temptations of intuition; it offered Freud the tools he needed for grouping clinical observations in a manner which would permit the formulation of further hypotheses. In 1894 he wrote: ' Lastly, I should like to devote a few words to the hypothesis which I have made use of in giving this account of the defence neuroses. This hypothesis asserts that in psychical functions it is possible to distinguish something (an amount of affect or a sum of excitation) which possesses all the attributes of a *quantity*, though we have no means of measuring it, something which is capable of being increased, diminished, displaced and discharged, and which spreads over the memory traces of ideas somewhat as an electric charge spreads over the surface of bodies. This hypothesis, on which, incidentally, our theory of " abreaction " (1893) was already based, can be used in the same way as physicists use the hypothesis of a current of electric fluid. It finds provisional justification in its handiness in correlating and explaining a variety of psychical states.' [10]

In general we may say that the first principles of psychodynamics grew out of the fertile ground of the physiological tradition. I will enumerate only a few of the steps which followed immediately. The separation of anxiety neuroses from neurasthenia was formulated after much hesitation and doubt. For a while Freud took the view that anxiety neuroses could not be cured but only prevented. Since incomplete gratification during sexual activity is responsible for their occurrence, a new method of birth control or some indication concerning fertility cycles might, he thought, constitute a great contribution to human happiness; this is a task that he assigned to his correspondent. Soon, however, Freud's generalizations moved in a different direction. ' Where physical sexual tension arises in large quantities but cannot be transformed into affects because of lack of development of psychical sexuality sexual tension is transformed into anxiety.' Thus the concept emerges that covers both ' the purely somatic excitation ' of anxiety neurosis and the ' purely psychical ' one of hysteria, that has been evoked by conflict. The concept is that of the psychical energy of the sexual impulses, the concept of libido, the most fruitful conceptual tool in Freud's early equipment, which, within a few years, was to make unexpected discoveries possible. Before we turn to them we may here record that the formula ' anxiety is generated by repressed libido ' was abandoned only thirty years later, in *Inhibitions, Symptoms and Anxiety*, at a time when that formula had become a limiting factor in the theoretical formulations of psycho-analysis.

Its earlier value for Freud's thought was at least twofold: it made it possible to account for a large number of interconnections between apparently unconnected types of behaviour, which psycho-analytic observation had revealed. Toxicological in nature, it also faced physiologists with the question as to the ' chemical '

[10] ' The Defence Neuropsychoses ' (1894), *Coll. Papers*, Vol. I.

or the ' real ' explanation of this spectacular transformation. Much in the correspondence with Fliess was explicitly or implicitly devoted to this problem.

Freud's attempt at integrating his new and his former spheres of interest during the mid-nineties were still not restricted to any one field of his observation. He felt compelled to consider all his new discoveries in the light of brain physiology and to organize them into a system. By 1895 these new discoveries embraced some nuclear hypotheses concerning the mechanisms operating in various neuroses and in paranoia and extended into a field which at that time seemed still apart from psychopathology, the psychology of dreams. When in July 1895, apparently all of a sudden, the wish-fulfilling tendencies of the latent content of dreams became apparent to Freud, the idea of integrating his various findings presented itself for the first time. It occupied his thoughts for more than two years. The plan of writing a treatise obsessed and haunted him, a treatise that he first called *Psychology for the Neurologist*. Later both title and purpose were repeatedly changed. Draft after draft is mentioned in the correspondence, hypotheses were modified and revised, but the whole of the planned monograph was never completed. We are familiar with its main ideas. They form the backbone of psycho-analytic theory as it was formulated in 1900 in the seventh chapter of the *Interpretation of Dreams*, in which Freud presented his first sketch of the psychical apparatus, his first inferences on the distinction between primary and secondary processes as modes of discharge, his first hypotheses of mobile and bound energy as motive forces in these processes, of hallucination and perception as stages in the development of a single function; thoughts and ideas which had gradually gained shape but were already clearly outlined in Freud's mind in the autumn of 1895.

In September of that year, returning from a short visit to Berlin, Freud composed a draft of his treatise which has come down to us. It was started in his railway carriage and continued at his desk. Material that fills some eighty typewritten pages was written down in three days; the rest of the manuscript, seventy more typewritten pages, was produced during evening hours and intervals between patients in the course of the next few weeks. Some weeks later, Freud's enthusiams gave way to scepticism; he spoke of his condition while he was writing it as ' a state of mind which I can no longer understand '. There is, however, nothing of rapture or enthusiasm noticeable in the manuscript itself, the most condensed and most closely argued work of Freud's which we possess. The first words set the tone: ' The purpose of this sketch is to furnish a scientific psychology, that is, to represent psychical processes as quantitatively determined states of demonstrable material particles, and so to make these processes evident and incontrovertible. The sketch comprises two main ideas:

' (1) It regards what distinguishes activity from rest as a Quantity (Q), which is subject to the general laws of motion.

' (2) It assumes that the material particles in question are the neurones.'

This is the pupil of Helmholtz and Brücke trying once more, for the last time, to combine his past and present fields of investigation.

The contents of the essay resist any attempt at condensation or abridgement; the work is condensed to the utmost and written not for readers but as a summary to be expanded later; that expansion, as we know, filled the whole span of Freud's life, and throughout forty-four years, up to the time of the last notes found on his desk at his death, the ideas first expressed in this essay did not lose their hold over his thoughts. In 1895, however, these thoughts were expressed in terms of neurophysiological hypotheses: Four types of specifically differentiated neurones are distinguished, and two types of psychical energy; and a host of very detailed assumptions are made on sense perception, and the paths in the central nervous system. A special group of neurones is charged with control and direction. They constitute a special organization, the ego. These neurones are distinguished by the fact of their being permanently invested with psychical energy; it is their function to inhibit or to delay certain processes of discharge within the system of neurones, and in particular to control the secondary process, in opposition to the primary process, that follows the wish, i.e. the impulse to immediate discharge.

These brief examples will strike us as a condensation of many parts of psycho-analytic theory, of passages familiar to us in the *Interpretation of Dreams*, or *The Ego and the Id*. But what strikes us as condensation is in fact their common root: the anticipation of future hypotheses in Freud's earliest formulations. This anticipation accounts for what one might

call the hidden texture of Freud's writings. I am referring here to the well-known fact that what first appeared an enigmatic footnote or sentence in one of his publications was later expanded, and that every new contribution of Freud's used to throw light on some feature or aspect of a previous one. We can now understand these interconnections as the gradual unfolding of ideas that had matured over decades, and we realize that the whole of Freud's writings must be seen as a continued attempt to revise and check theory against experience. The draft of 1895 is in itself evidence of the working of Freud's mind. It uses examples that hint at a field which, to judge from Freud's publications and the content of the letters, had not yet played an important part in his conscious thinking. I refer to the field of genetic hypotheses.

Freud's hypotheses on dynamic relations could draw on familiar thoughts in neurophysiology and even in psychology itself; it has been shown for instance that Herbart's influence shaped some of Freud's formulations.[11] No such model existed for Freud's ontogenetic hypotheses. While in his phylogenetic speculations he followed the pattern of contemporary evolutionism and Darwinian tradition, the idea of studying the individual's past as a source of ætiology had grown entirely out of clinical data, at first focussed on the repression of sexual traumas.

But at what time of sexual life were sexual experiences traumatic? During the years from 1895 to 1897 this question was in the foreground of Freud's attention. In comparing his clinical impressions he gradually came to look for ever earlier limits; at the same time he tried in an apparently endless series of observations to relate the age at which the trauma occurred to the type of neurotic disorder observed. He was in search of the ' fixation point '. At the time when he wrote his essay of 1895 the danger zone was considered to be limited by puberty; sexual impressions before that age were likely to be experienced as traumatic. And yet in this same essay the uniqueness of the mother in the life of a child, the dependence of a newborn human being on his environment, the crucial importance of the relief of tension in the situation at the breast are quoted in order to illustrate the stresses that account for the formation of the psychical apparatus, an instance of the anticipation of insight to which I referred earlier.

Clinical impressions soon suggested the second dentition as a crucial age; a year later Freud was induced to look upon the third year of life as crucial and to take even earlier experiences into account.

During this search the need to make the nature of the trauma concrete became ever more intense, until in 1896 the hypothesis of seduction was advanced. This hypothesis stated that all neuroses are due to seduction by an adult. The seducer is more likely to be a pervert or an obsessional, the child seduced likely to become a hysteric.

We recall from Freud's writings how deeply he was impressed by the discovery that these hypotheses were erroneous. In his autobiographical writings he has described his reaction to the insight into his mistake. ' Under the influence of the theory, derived from Charcot, of the traumatic origin of hysteria, one was readily inclined to accept as true and ætiologically significant, accounts given by patients which traced back their symptoms to passive sexual experiences in their earliest years of childhood—putting it bluntly, to seduction. When this ætiology broke down owing to its inherent impossibility and because it contradicted facts that could be established with certainty, the first result was a period of helpless bewilderment. Analysis has led back by logical paths to infantile sexual traumas of this kind, and yet they were not true. The ground of reality was cut from under my feet. At that time I would gladly have dropped the whole thing.' And yet Freud's mood, as we see it in the present correspondence, was at least initially very different.

This seems the place at which to quote from a letter dated 21 September, 1897:

' I have been back here since yesterday morning, refreshed, cheerful, impoverished and for the time being without any work. I am writing to you at the first moment after things in the house have been got into order.

' And now I must straight away let you into the great secret that has been slowly dawning on me during the last few months: I no longer believe in my *Neurotica*. No doubt this is not to be understood without an explanation; you yourself have found what I have been able to tell you plausible. So I will begin with a historical account of the reasons for my disbelief.

[11] See: M. Dorer: *Historische Grundlagen der Psycho-analyse*, Leipzig, 1932.

' My continual disappointments in my attempts at bringing my analyses to a real conclusion, the fact that people who have seemed for a time to be the most securely attached have broken away, the absence of the complete successes on which I had reckoned and the possibility of explaining my partial successes in other ways, that are already familiar—these make up my first set of reasons.

' Next came the surprising fact that in every single case the patient's father had to be regarded as guilty of perverse practices . . . , and along with this the realization of the unexpected frequency of hysteria, always involving this same precondition, though there seemed little probability that perverse acts of this kind against children were so widespread. (The perversion would have to be enormously more frequent than the hysteria, since the illness can only occur if there has been an accumulation of incidents and if some factor that weakens defence is also present.)

' Thirdly, there came a definite realization that there is nothing in the unconscious to mark reality; so that there is no way of distinguishing between truth and emotionally cathected fiction. (This left open the possible solution that sexual phantasy regularly takes hold of the theme of parents.)

' Fourthly, there was the consideration that even in the profoundest psychoses unconscious memories do not force their way through, so that the secret of infantile experiences is not betrayed even in the most confused deliria. When one sees from this that the unconscious never overcomes the resistance of the conscious, one's expectation dwindles of the possibility of the reverse process occurring in the treatment, which would have to go to the extent of a complete taxing of the unconscious by the conscious.

' All this affected me so much that I was ready to give up two things: the complete resolution of neuroses and my certain knowledge of their infantile ætiology. Now I have no idea where I stand, since I have failed to reach a theoretical understanding of repression and the interplay of forces in it. The possibility once more arises that in fact it may only be later experiences that are giving an impetus to phantasies which reach back into childhood. But in that case the factor of hereditary disposition has reconquered some of the territory from which it had been my task to expel it with a view to throwing light upon the neuroses.

' If I felt depressed or muddled or exhausted, doubts like these might no doubt be regarded as signs of weakness. But since my state is just the opposite, I am bound to recognize them as the product of honest and keen intellectual work and to feel proud that after penetrating to such a depth I am still capable of making such criticisms. Can it be that these doubts are merely an episode in my advance to further knowledge?

' It is strange too that I have none of that sense of shame which, after all, I might have some reason for feeling. Of course I shall not tell it in Gath nor publish it in the streets of Askalon in the land of the Philistines; but in writing to you and in my own eyes I really have more of a sense of victory than of defeat—and when all is said and done that cannot be right.'

At this point the writing of the letter was interrupted: a communication from Fliess arrived, suggesting that Freud should come for a week-end to Berlin. In a parenthesis in his letter Freud expressed some hesitation about going.

' And now to go on with my letter. To vary Hamlet's " Readiness is all ", I will say: " Cheerfulness is all ". I might well feel very discontented. My expectation of immortal fame and of assured wealth was so agreeable—of complete independence, of being able to travel, and of relieving the children from the heavy cares which robbed me of my youth. All that depended on whether hysteria was cleared up or not. Now I can once more become modest and unassuming, and return to the old worries and economies . . .

' I must add one thing more. In this general fall in values, the psychological ones alone remain intact. Dreams stand unshaken and the beginnings of my metapsychology have only gained in my esteem. It is a pity that one cannot make one's living from such things as interpreting dreams. . . .'

Freud undertook the trip to Berlin. From the subsequent letters we gather that in Berlin he discussed with Fliess the second of his secrets, the secret of his self-analysis. It is more than probable that it was the self-analysis that had led to the recognition of the errors in his theory or had at least helped him in rejecting them, For almost a year the study of the phantasy life of his patients had occupied Freud's mind. In letters and clinical notes he reported on his findings, described the regressive character of these phantasies and asked himself the question how childhood experiences and their elabora-

tion in phantasy were related to each other. But however close he came to a solution, at one point or another he returned to the quest for a prototype, the scene of seduction. At this point Freud's own infantile phantasies seem to have limited his capacity as an observer. When in his autobiography he referred to the seduction hypothesis he put it clearly: 'I had stumbled upon the Œdipus complex'. That his self-analysis dealt very largely with his relation to his father he has stated himself in the preface to the second edition of *The Interpretation of Dreams*. Freud's father had died in the autumn of 1896, at the age of eighty-one, and Freud's self-analysis started in July 1897, a few months before the letter I have just quoted was written. It has been tacitly assumed that Freud's self-analysis was a more or less intellectual experience, concomitant with his study of dreams and undertaken to fortify his theory. The new material reveals a different state of affairs. While the interest in dream psychology played its part, the incentive came from pressing unconscious conflicts.

It was not the first time during the years of great discoveries that Freud suffered from neurotic difficulties. In 1894, when his relation to Breuer went through a crisis, he described cardiac symptoms, which he himself evaluated as psychogenic. While we do not know how far this evaluation was justified, *The Interpretation of Dreams* and the letters familiarize us with other symptoms, with a fear of premature death and with a railway phobia, symptoms that disappeared after his self-analysis. When in the summer of 1897 he became aware of his renewed difficulties he decided to take up the battle. In June 1897 he writes:

'Incidentally I have been in something of a neurotic condition, absurd states of mind which are not comprehensible to consciousness—cloudy thoughts and veiled doubts, but here and there a ray of light.' (12.6.97.) Three weeks later: 'I know that I am at present of no use as a correspondent, with no claims to consideration, but it has not always been so and will not last. I still cannot tell what is happening in me. Something from the deepest depths of my own neurosis has stood in the way of a further step in comprehension of the neuroses, and you have been somehow involved.' (7.7.97.) And again a few weeks later: 'My hysteria—a minor one, but much increased by the work on it—has yielded one stage further. The rest still sticks. That is the first reason for my mood. This analysis is more difficult than any other. . . . But I believe that the analysis must be done, and it is a necessary intermediate part of my work.' (14.8.97.) For months to come the letters contain hints or explicit statements: 'I can only crawl, and wait until a next dream will bring clarity . . .' 'I can analyse myself only with what I have understood in others . . .' 'True self-analysis is impossible . . .' 'The forces opposing themselves are too strong . . .'

The self-analysis did not remain isolated; what he discovered in his patients he applied to himself and insight gained concerning himself facilitated further progress in therapy. A dream allowed him to reconstruct one of his childhood experiences; he turned to his mother for a confirmation of the reconstructed experiences and reported triumphantly that at least a great part of his reconstruction was correct in detail; and he thus gained confidence in the reliability of the procedure. The validity of the reconstruction opened the way to a further discovery, that had repeatedly announced itself but had always been rejected or forgotten: the discovery that his interest in dreams and neuroses were not separate fields of interest, but that the two problems were in fact one and the same. Hence the note of triumph in the midst of depression. That note grows through the months to come. After the autumn of 1897 the great discoveries followed each other in rapid sequence: the Œdipus complex, infantile sexuality, and particularly the anal phase of libidinal development, became visible in the clinical data. The draft of *The Interpretation of Dreams*, started in 1898, was written and finished in 1899, the first inklings on parapraxes announced themselves and—perhaps the greatest step of all—the therapeutic technique of concentration was transformed into the method of free association. The concept of resistance appeared. Within two years the understanding of the phenomena of transference was to follow.

The speed with which insight accumulated and ideas matured seems at least in part related to the progress of Freud's self-analysis. Through his publications, mainly the sequence of editions of *The Psychopathology of Everyday Life* and *The Interpretation of Dreams*, we know that it extended over many years. I am inclined to think that it initiated a lasting process of analytically orientated self-scrutiny, an attitude which may well have formed the background of some of the views expressed in one of Freud's

latest papers, ' Analysis Terminable and Interminable '. [12]

One of the consequences of the internal liberation initiated in the autumn of 1897 deserves our special attention. Freud's attitude to the physiological tradition was being modified. Not that he ever wished to establish psychological thinking as something independent of physiology; the closest relation, even identity of terms as an ultimate goal, was never in doubt. But the question that now arose was one concerning the appropriate relation between psychological and physiological concepts. Freud had for some time tried to free himself from the rigorous views of German neurophysiology. In his studies on Aphasia (1891) he had followed the ideas of Hughlings Jackson, who viewed psychological processes as ' dependent concomitants ' of physiological processes; a year later, in the introduction to his translation of Charcot's *Leçons du mardi* he expressed his admiration for French neuropathologists who did not insist on the immediate link with physiology which was postulated by German neuro-physiologists. Freud's search for the appropriate degree of separation between physiology and psychology had started during those years. The manuscript of 1895 represents the greatest approximation to the physiological tradition—possibly emphasized in opposition to Breuer, who took a different attitude in his theoretical chapter in *The Studies on Hysteria*. But Freud's own position changed, when his insight into the rudimentary facts of psychodynamics was supplemented by his first findings in the field of ontogenetic hypothesis. The extension of psycho-analytic propositions to embrace the whole of the individual's life history, the introduction of social considerations into the study of conflict, enriched his views and gave him a feeling of independence. When Fliess attempted to link the unconscious to the problem of bisexuality by stating that the impulses of the opposite sex are regularly repressed, Freud revolted against this attempt to ' biologize psychodynamics ', and the relation between the two came to an end.

A few years later, 1904, Freud described his new position in these terms: ' My experiences of the way in which psychical energy can be displaced along certain associative paths and of the almost indestructible persistence of the traces of psychical processes have in fact suggested to me the idea of trying to draw some such picture of the unknown '—the psychical apparatus. ' To avoid misunderstanding, I must add that I have made no attempt to assert that these psychical paths are cells and fibres or the systems of neurones which are taking their place to-day—even though it ought to be possible to represent these paths by organic elements of the nervous system in some way which cannot yet be indicated.' [13]

Later in his life he reformulated the same idea in somewhat different terms:

' Research has afforded irrefutable proof that mental activity is bound up with the function of the brain as with that of no other organ. The discovery of the unequal importance of the different parts of the brain and their special relations to particular parts of the body and to intellectual activities, takes us a step further—we do not know how big a step. *But every attempt to deduce from these facts a localization of mental processes, every endeavour to think of ideas as stored up in nerve-cells and of excitations as passing along nerve-fibres, has completely miscarried.*' [14] In these last remarks one might well detect a recollection of the failure of his own attempts, of which the newly accessible material gives us evidence.

The problem of 'the suitable degree of separation ' is still with us. Recently, a distinguished neuro-physiologist, E. D. Adrian, has formulated the problem in terms similar to those I have just quoted.[15] We have recognized that the appropriate degree of separation between physiological and psychological concepts has to be determined by the specific character of the data on which psycho-analysis is based. Contemporary discussions concerning the concept of instinctual drive offer the best illustration of this problem; the Freudian concept, sharply distinct as it is from that of instinct in the sense used in animal psychology, is one that allows for the fruitful integration of the various aspects of maturation and social learning on which psycho-analysis is based.[16] It was formulated not to fit into a system but in order to allow for a comprehensive explanation of the data which psycho-analytic observation had provided.

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[12] *Int. J. Psycho-Anal.*, XVIII, 1937.
[13] *Wit and the Unconscious.*
[14] ' The Unconscious ' (1915), *Coll. Papers*, Vol. IV.
[15] ' The Mental and Physical Origins of Behaviour,' *Int. J. Psycho-Anal.*, Vol. XXVII, 1946. Parts 1 and 2.
[16] See: H. Hartmann: ' Comments on the Psychoanalytic Theory of Instinctual Drives ', *Psychoanalytic Quarterly*, Vol. XVII, No. 3, 1948.

Examples of this kind are not isolated. They should be stressed in order to meet a frequent objection against psycho-analysis. This objection maintains that since the terminology used by Freud derives in part from the neurophysiology of the nineteenth century, the concepts of psycho-analysis are antiquated. We readily grant that historical overtones may make psycho-analytic terminology confusing to some students in the field, but the problem is one that concerns the terms only and not the concepts. With the verbal tools of the age in which he was educated, Freud constructed concepts that were novel, closely linked to the data of observation and yet broad enough to allow for far-reaching generalization.

Freud's search for the appropriate degree of separation between psychological and physiological thinking has enabled psycho-analysis to occupy a position in the centre of modern science: firmly rooted in clinical thought, in biological and physiological hypotheses, it extends into the social sciences and constitutes a link between the two. Recent extensions of psycho-analytic research into the area of psycho-somatic medicine on the one side of this continuum and into the area of psycho-analytically orientated sociology on the other are evidence of the fruitfulness of the position that Freud established in his early years. In those years and in his own experiences another fundamental discovery was made: the discovery that the calibration of the observer by psycho-analysis is an essential prerequisite for fruitful observation—a discovery which is equally valid and equally important in every department of the study of man.

CHANGING THERAPEUTICAL AIMS AND TECHNIQUES IN PSYCHO-ANALYSIS [1]

By MICHAEL BALINT, London

I.

I think it may be taken for granted that every analyst is at pains to learn from his own technical errors and mistakes. Conversely, this means that our individual technique is continually changing through gradually accumulating individual experience—let us hope, for the better. Are we justified in assuming that this is also true of psycho-analytical technique in general? Is the therapeutic work of the rank and file analyst of to-day different from that of his colleague of say thirty, twenty, or even ten years ago? and if so, what is the difference and what has brought it about? As the title of my paper suggests, my contention is that psycho-analytic technique has changed, in fact has been changing continuously, ever since its first description by Freud in the technical chapter of the *Studies in Hysteria*.[2]

To put this process into true perspective, the survey ought to start with the techniques (in the plural) described by Breuer and Freud in their book. For the sake of brevity, however, I shall restrict myself to that part of the history of the technique which is contemporary with my analytical lifetime.

When I started to practise psycho-analysis (in 1922), the whole of our thinking was under the influence of two momentous works of Freud's: *From the History of an Infantile Neurosis* [3] and *Beyond the Pleasure Principle*.[4] Theoretically the aim of all psycho-analytical therapy was defined by Freud—for all time to come, as we thought then—in his three famous synonymous formulæ: 'overcoming the patient's resistance', 'removal of infantile amnesia', and 'making the unconscious conscious'. It is important to bear in mind that at that time 'unconscious' was equivalent to what we now call the 'repressed', and 'infantile amnesia' meant hardly more than the Œdipus situation, the 'nuclear complex' of all mental development. Accordingly, the practical task of an analysis was: (1) to reconstruct the patient's instinctual development, in particular to find out which of his sexual component instincts remained repressed and could not be integrated under the genital primacy; (2) to reconstruct the historical Œdipus situation; and (3) to relieve the castration anxiety, originating—as we then thought—from the Œdipus situation, mainly from the father, both for boys and girls.

Soon after (1922–26) we learnt from Freud his final ideas about the structure of the mind.[5] Since then it has been an established custom to view any neurotic symptom, in fact any mental phenomenon, as a compromise between the three factors: the id, the ego and the super-ego. The aim of therapy was, as reformulated by Freud: 'Where id was, ego shall be'. In practice this meant a new, an additional task: to help the patient to repair the faulty places in his ego structure, and in particular to aid him to abandon some of his costly defensive mechanisms and to develop less costly ones.

It is obvious that the three older formulations and the new one are not identical. In my opinion they are the psycho-analytic expression of the centuries-old dilemma of all the biological sciences: does function determine structure—*the functional or dynamic approach*—or does structure determine function—*the structural or topic approach*?[6]

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[1] Parts of this paper were read at the 16th International Psycho-Analytical Congress, Zürich, August, 1949.

[2] Breuer-Freud: *Studies in Hysteria*. Nervous and Mental Disease Monogr. Series No. 61. (In German, 1895).

[3] Freud, S.: *Collected Papers*, Vol. III (in German, 1918).

[4] Freud, S.: London, 1920.

[5] Freud, S.: *The Ego and the Id*, London, 1923; *Group Psychology and the Analysis of the Ego*, London, 1922; *Inhibitions, Symptoms and Anxiety*, London, 1936 (in German, 1926).

[6] It is an interesting problem, which certainly deserves proper examination, why in psycho-analysis—contrary to the general trend in medicine—the structural approach came so late after the functional, and why in spite of its late appearance it was able so quickly and so easily to attain such great importance in theory.

The relative importance of these two approaches dominated all theoretical discussions on therapy and technique in the following years. The dynamic approach laid more emphasis on ' content ', was more concerned with the ' repressed ' and the ' unconscious ', which meant roughly the inhibited, repressed sexual gratifications, and was aiming at achieving a break-through of such repressed instincts,[7] at liberating them from repression, and establishing a free enjoyment of their gratification. To put it briefly, the main concern of the dynamic approach was the id. The topic approach, on the other hand, laid more emphasis on the study of the habitual defensive mechanisms, which roughly meant the developmental faults in the mental structure, especially the relative strengths of the ego and the super-ego.

It is perhaps interesting to note that all Freud's case histories—all dating, it is true, from before 1914—contain practically nothing but ' dynamic ' or ' content ' interpretations. And secondly that in *Studies on Hysteria*[8] Freud explicitly stated that his method of catharsis (or was it even then psycho-analysis?) could cure only hysterical symptoms and not a hysterical constitution; as far as I know, the statement has been neither revoked nor qualified.

A very important feature is that all the formulations of therapeutic aims put forward by Freud, i.e. both the earlier three synonymous ones expressing the dynamic approach, and the newer one expressing the topic approach, are concerned only with the individual. I shall call this limitation the *physiological or biological bias*. This fact has been repeatedly quoted as a severe criticism of psycho-analysis, in particular by certain sociologists and anthropologists, from both the extreme left and the extreme right. This criticism, though not entirely unfounded, is in fact unfair and unjust, since it deliberately neglects certain important developments in our technique. It is true, however, that the fault is partly our own, for we have omitted to change our theoretical notions so as to include the results of our changed technique.

II

This new orientation in our technique started almost imperceptibly by paying proper attention—in addition to the ' contents ' of the free associations and to the detection of the patient's habitual defence mechanisms—to the *formal elements* of the patient's behaviour in the psycho-analytical situation. (' Formal ' in English has two meanings: (1) perfunctory, or according to the rules of propriety; and (2) concerned with the form, not verbal. In this paper I shall use the word mainly in its second sense, but have no objection if the reader understands it to include both.) These formal elements include, among others, the changing expressions of the patient's face.[9] his way of lying on the couch, of using his voice, of starting and finishing the session, his intercurrent illnesses, even a passing malaise, and especially his way of associating.[10] At first such attention to, and subsequent interpretation of, these formal elements was thought to be a subtle trick or a lucky hit, and only gradually did we become aware of the immense value for therapeutic purposes of the consequent noting and interpreting of as many of these formal elements as possible. Nowadays this is fully recognised, and has become part and parcel of our everyday work, especially of our teaching activity in supervising our candidates.

The main results of this extensive study may be summed up under two heads. Firstly, these formal elements of the patient's behaviour in the psycho-analytical situation are very closely linked with the patient's *character*; it is extremely difficult to change them, even to make the patient become aware of their peculiar nature, since they appear absolutely ' natural ' to him; obviously the force activating them must be very strong; as is well known, Freud classified it under the repetition compulsion. Secondly, these formal elements of behaviour are part and parcel of the patient's *transference*, expressing both his general—lasting—sentiments towards the world, and his present—passing—attitudes towards a particular object—his analyst; consequently they have to be regarded as phenomena of some skind of *object relation*

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[7] e.g. Kaiser, H.: ' Probleme der Technik ', *Int. Z. f. Psychoanal.*, (1934), **20**, 490–522.

[8] Freud, S.: *loc. cit.*, pp. 228–229 (3rd German edition).

[9] First observed and described by Freud in *Studies on Hysteria*, but I have not been able to find any reference to his interpreting it to the patient.

[10] All these first mentioned by Ferenczi. Cf. his papers Nos. 8, 14–15, 22–24, 27, 29, 45, 77 in *Further Contributions*, London, 1926. (In German: 1913, 1914, 1915 and 1919.)

—often of a primitive type—which has been revived in (or perhaps by) the psycho-analytical situation. The consequent study of these formal elements of the patient's behaviour in the psycho-analytical situation was, in my opinion, the main factor that brought about a fundamental change, indeed a very great improvement, in our technical skill; though I readily admit that other contributory factors were also at work.

This new orientation in our technique aims, first and foremost, at understanding and interpreting every detail of the patient's transference *in terms of object relations.* In fact, Strachey [11] in an often-quoted paper, maintained that transference interpretations alone have any curative (mutative) value. Whether we accept this statement or not, it is certainly true that nowadays hardly anybody tries to analyse neurotic symptoms or character traits directly; they are dealt with *en passant*, so to speak, while analysing the ' transference '. And we may proudly say that our present-day technique is a very fine, safe and reliable instrument indeed for understanding, and dealing with, transference phenomena, i.e. object relations.

At present we are in the queer situation that technically we can deal fairly well even with complicated problems of object-related attitudes or emotions which on the other hand are rather difficult to describe with our present theoretical concepts. (Later, when discussing Mrs. Klein's contributions, I shall have to qualify this statement.) To show how far our technique is ahead of our theory, let me quote one example. It is well known that we have no proper systematized classification of mental illnesses, not even properly defined pathological entities —only a fairly large collection of well-sounding labels. To-day, to diagnose a case is always a difficult task ; the result is usually an uncertain, rather haphazard, and not even very important label; and as soon as any particular label has been attached to a particular patient, a heated controversy breaks out challenging its correctness. To quote a few frequently recurring vexed questions: what is the difference between a mild epilepsy and a hysteria? or between a severe hysteria and an incipient schizophrenia? or between criminality and certain pathological characters? and so on. Our theory is very weak indeed on these points. Technically, however, we can deal fairly well with all these cases, despite their uncertain labelling.

III

The difference is striking. On the theoretical side we have excellent, concise, pregnant terms which, however, help us little; on the technical side we have well-founded, sharply delineated clinical pictures for the description of which we must use lengthy and clumsy formulæ, often whole sentences, for lack of proper terms. I think that the cause of this queer and embarrassing situation is the same limitation that compelled Freud not to go beyond the individual when formulating the aims of psychoanalytic therapy. I called it the *physiological or biological bias.* It is a highly interesting fact that this bias is a self-imposed restriction; in his characteristic way, with matter-of-fact frankness, Freud conscientiously recorded his reasons for imposing the restriction upon himself.

In *Inhibitions, Symptoms and Anxiety* [12] he stated explicitly that he had deliberately chosen as the basis of his psychological theories *the clinical experiences with obsessional neurotics* because in this neurosis all conflicts and mental processes are internalized (in German: *verinnerlicht*).[13] For the future development of Freud's theories, as we all know, the study of *melancholia* was the paramount source. In recent years we have been able to watch Mrs. Klein, who—faithfully following Freud—has also used melancholia (depression) and still more recently schizoid and paranoid states as the main sources for the development of her ideas.[14] All these pathological forms have a common quality which may be called a bias; that is, the more or less complete *withdrawal from their objects.*

This bias becomes still more striking if we contrast these pathological forms with those which helped and compelled us to learn the new technique; which in fact initiated all analytical techniques. Firstly, there is hysteria, where everything happens with one eye on the objects; a very instructive history is that of Frl. Anna O.'s

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[11] Strachey, James: ' The Nature of the Therapeutic Action of Psychoanalysis ', *Int. J. Psycho-Anal.* (1934), **15,** 127–159.

[12] Freud, loc. cit., pp. 60–61.

[13] Freud, loc. cit., Chapters V and VII.

[14] e.g. Klein, M.: ' A Contribution to the Psychogenesis of Manic-Depressive States ', *Int. J. Psycho-Anal.* (1935), **16,** 145–174; ' Mourning and its Relation to the Manic-Depressive State ', *Int. J. Psycho-Anal.* (1940), **21,** 125–153; Notes of Some Schizoid Mechanisms ', *Int. J. Psycho-Anal.* (1946), **27,** 99–109.

case, with the many changes of her object relations to Breuer, which in turn compelled Breuer to ever new adaptations, i.e. changes in his technique.[15] Then the two types that make up a good half, if not two-thirds, of all our patients: the many forms of sexual disturbances and the acting-out type of character neuroses. In all these forms *objects are of paramount importance.* Whereas in obsessional neurosis or melancholia psycho-analytic theory was able to describe the clinical observations in concise dynamic terms, revealing the typical mental constellation that led to this particular kind of symptoms—in hysteria, in sexual disorders, and still more so in character neurosis our theoretical descriptions are rather primitive. We have not been able to isolate any well-defined, easily identifiable clinical types comparable to those in obsessional neurosis or in melancholia, and still less to describe them in concise dynamic terms. In fact, one is justified in saying that a clinical system of these latter illnesses does not as yet exist.

Here we meet the same queer situation, but from a different angle. Our theory has been mainly based on the study of pathological forms which use internalization extensively and have only weakly cathected object-relations; our technique was invented and has been mainly developed when working with pathological forms such as hysteria, sexual disorders, character neurosis, all of which have strongly cathected object-relations. This, however, is only natural, as our true field of study is the *psycho-analytical situation*, a situation where relations to an object—admittedly a very peculiar object—are of overwhelming importance. A good deal of internal contradiction and of conflicting tendencies in psycho-analysis becomes understandable if we always bear in mind this double origin of our technique and theory.

Instead of speaking of a ' double origin ' we might say that our theory and technique are differently biased. The bias influencing our theory led Freud to formulate the aims of therapy in a way that limited the description to the individual. I called it the *physiological or biological bias.*[16] It is much more difficult to find a suitable name for the bias influencing our technique. Suitable names or technical terms are usually the fruits of good theories—a good degree of skill is not sufficient for that—and, as I said, a good theory of our present technique is not yet existent. For want of a better term I propose to call this bias the *object* or perhaps *object-relation bias.*

The reason why it is so difficult to find a suitable name is that all our concepts and technical terms—except two—have been coined under the physiological bias and are, in consequence, highly individualistic; they do not go beyond the confines of the individual mind. The two exceptions are ' object ' and ' object-relation ', which have had a very interesting career indeed. Together with ' source ' and ' aim ', the ' object ' of an instinct was made a technical term by Freud in his *Three Contributions.*[17] And it led a very modest existence in the shadow of its two much more important siblings. The ' source of an instinct ' became the basis of classification in our theory of instincts; almost all the human instincts that we know of are called by names denoting their sources; which means that we think in terms borrowed from biology—or more correctly, *anatomy*—which knows only the individual and no object-relations. The development of the mind in its early stages, we thought, was determined by the instinctual aims, i.e. gratifications (and frustrations); the most gratifying instinct of the time, the prevalent instinct, organizing the libido under its own rule, and prescribing what object was to be chosen and the individual's relation to it. Thus developed the theory of the pre-genital organizations of libido, in its most elaborate form, in Abraham's famous ' Short Study of the Development of the Libido ' (1924).[18] The crucial factors in this development were thought to be the changing instincts, emerging during ontogenesis as the consequence of some unknown physiological process. The objects in this development were of secondary importance, a kind of chance substrata to be cathected by this or that instinct. Perhaps the recent views which might be summed up as the theory of 'the ' exchangeable physiological objects ' describing the very early object-relations are only a logical consequence of this physiological train of thought.

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[15] Breuer-Freud: *Studies on Hysteria.*

[16] If I understood E. Kris (Zürich Congress paper) correctly, Freud, in his early letters and drafts which are shortly to be published, stated in so many words that he deliberately decided to develop his psychological ideas on physiological lines.

[17] Freud, S.: *Three Contributions to the Theory of Sexuality* (in German, 1905).

[18] Published in English in Abraham, K.: *Selected Papers*, London, 1942.

As early as 1935 I pointed out several inconsistencies in this part of our theory and urged for a review which should pay more attention to the development of object-relations, especially to the influences of the environment.[19] My proposition found hardly any response. Recently, however, there have been several unmistakeable signs that our way of thinking about the development of the mind is changing. Here are a few such signs, none of them very important in itself, though rather impressive if seen together. Firstly: the term ' source of an instinct ' is hardly ever heard or seen in print, nowadays; equally the term ' instinctual aim ' is definitely receding from our theoretical considerations; even the once very frequently used term ' aim-inhibited ' is heard but rarely; in the foreground are, and in fact have been for some time, objects and object-relations; a further characteristic point which is important for my argument: they are hardly ever used in connection with their original adjective, ' instinctual object '; and I have never seen or heard: ' relation to an instinctual object '. Secondly, the well-known terms anal, oral, genital, etc., are less and less used to denote the source or aim of instincts, but more and more to denote specific object-relations, e.g. ' oral greed ', ' anal domination ', ' genital love ', etc. Thirdly, the term ' sadistic ' has been gradually going out of fashion, in my opinion because its implications are much too libidinous, and relate rather closely to instinctual aims, gratifications ; in its stead terms like ' hostile ', ' aggressive ', ' destructive ', are used, which have unmistakable affinity to object relations.

IV

My contention is, that if we describe the events only from the point of view of the individual, using our well-developed technical terms and concepts such as repression, regression, split, establishment of a severe super-ego, introjection and projection, displacement, fusion or defusion, ambivalence, etc.—our description, though correct, will be incomplete, for every neurotic symptom means also a distorted object-relation. and the change in the individual is only one aspect of the whole process. Regarded from this angle the classical sources of psycho-analytic theory, obsessional neurosis and melancholia, because of the far-reaching withdrawal from their objects, are only borderline cases. They offer, it is true, simpler conditions for investigation, but their simplicity has perhaps been a mixed blessing because our theory, developed under their influence, has become incomplete and lopsided. What we need now is a theory that would give us a good description of the development of object relations comparable to, but independent of, our present, biologizing, theory of the development of instincts. And for that purpose we need a field of investigation where the conclusions drawn from the theory can be checked and validated, modified or refuted.

Here is the place to discuss Mrs. Klein's contributions.[20] Her theoretical ideas go a long way to meet the demands I have mentioned. In several papers she has described in more and more detail a theory of the development of object-relations, using only rarely the terms coined under the influence of the physiological bias, but creating new ones, such as part objects, which may be good or bad, can be split off or reintegrated, destroyed or repaired, introjected or projected, and so on. If we accept that introjection and projection, splitting, etc., mean some structural changes in the mind, then Mrs. Klein's theories can be regarded as an attempt at relating changes in the object-relations to structural changes in the mind. Obviously this is a very important step, and most likely is the transition between the old theories and the new ones demanded by me. And certainly any new theory will have to take account of the relevant results achieved by Mrs. Klein and her school.

The most important field of investigation for this coming theory must be the *analyst's behaviour in the psycho-analytic situation*, or, as I prefer to phrase it, the analyst's contribution to the creating and maintaining of the psycho-analytic situation. A very dangerous and awkward topic indeed, which I intend to deal with in a separate paper. Here I want to discuss only so much of it as is necessary for our topic. It is obvious that every human relation is *libidinous*. So is *the patient's relation to his analyst*, which we have called trans-

[19] Balint, M.: ' Zur Kritik der Lehre von den prägenitalen Libido-Organisationen '(' Critical Notes on the Theory of the Pre-genital Organisations of the Libido '), *Int. Z. f. Psychoanal.* (1935), **21**, 525–534; ' Frühe Entwickelungsstadien des Ichs. Primäre Objektliebe ', *Imago* (1937), **23**, 270–288, and *Int. J. Psycho-Anal.*, **30**, 1949.

[20] Klein, M.: *The Psychoanalysis of Children*, London, 1932, and the papers quoted above.

ference ever since Freud showed us its nature and dynamism in the famous Dora case-history,[21] but the *analyst's relation to his patient is libidinous in exactly the same way;* even if we call it ' counter-transference ', or ' correct analytical behaviour ', or ' proper handling of the transference situation ', or ' detached friendly understanding and well-timed interpreting '; this relation, too, *is* libidinous.

It is as true for the patient as for his analyst that no human being can in the long run tolerate any relation which brings only frustration, i.e. an ever-increasing tension between him and his object. Sooner or later the tension must be relieved either by conscious or by unconscious means. The question is, therefore, *not* friendly objectiveness plus correct interpretation versus hugging and kissing the patient and using four-letter Anglo-Saxon words *à la* John Rosen,[22] *but* how much and what kind of satisfaction is needed by the patient on the one hand, and by the analyst on the other, to keep the tension in the psycho-analytical situation at or near the optimal level.

Observational data as to how this very queer object-relation, which we call the psycho-analytical situation, develops and changes, is influenced by frustrations and satisfactions, and in turn influences the wishes, demands, conscious and unconscious gratifications, and frustrations of each of its two participants, will be perhaps the most important source of material for any developmental theory of object-relations. All the so-called technical innovations, starting with Frl. Anna O. . . . through Freud, Ferenczi, Rank, Reich, etc., till the recent ones of Alexander and French, of Rosen and others, should be examined from this angle. A very important item of this examination will be the *language* used by the analyst for conveying his interpretations to his patient. By language I mean the set of technical terms, of concepts, the ' frame of reference ' habitually used by the individual analyst. How much unconscious gratification lies hidden behind the undisturbed use of accustomed ways, of thinking and of expressing one's ideas, is best shown by the often quite irrational resistance that almost every analyst puts up at the suggestion that he might learn to use or even only to understand a frame of reference considerably different from his own. I think it may therefore be accepted that the ' language ' is always highly cathected by libido; the use of his own language is an important gratification to the analyst, acceptance or even tolerance of any other language is consequently a somewhat telling strain. This, however, does not mean that every ' language ' is equally useful or correct, but that every ' language ' must be examined in order to discover how much conscious or unconscious gratification it affords the analyst, and how much it contributes to the building up and shaping of the psycho-analytic situation.

A second important source of data for a developmental theory of object-relation will be the direct observation of children. One would have expected that the impetus for the revision of our theoretical concepts would have come from the direct study of children, especially now that we have so many excellently trained child analysts. But it seems that history will again repeat itself. It is a puzzling fact that apart from a few exceptions almost all important new discoveries in psycho-analysis were made in the psycho-analytical situation with adult patients.

The third source in my opinion will be experiences in group therapy. As I am a novice in their field I cannot claim any authority. My only purpose here is to call attention to this extremely important field where both object and subject can be observed together simultaneously; some transference of emotions invariably takes place from member to member, i.e. object-relations develop before our eyes. Transference, counter-transference, all sorts of object-relations, happen in our presence, and as it is not *our* counter-transference, its objective observation is considerably easier. It is possible that ' natural ' groups will be still more important for the study than the ' artificial ' groups of patients brought together by us. By ' natural ' groups I mean neighbours' communities, works groups, etc., where real object relations, i.e. such as have always existed spontaneously, can be studied.

V

In lieu of summing up I shall describe what analysts did or may do even to-day with a

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[21] Freud, S.: *Collected Papers*, Vol. III (German original, 1905).

[22] Discussion on the ' direct ' psycho-analysis of J. Rosen in the British Psycho-Analytic Society, Autumn, 1949.

silent patient. I hope this description will illustrate the various stages in the development of our therapeutic techniques and aims. So let us suppose that a patient remains silent for some time. His analyst might adopt the very early technique used by Freud in the *Studies in Hysteria*, i.e. urging and pressing the patient, demanding that in spite of his resistances he should say what has come into his mind. Freud used even to put his hand on the patient's forehead, and in the early case-histories phrases frequently occur such as ' under the pressure of my hand ' or ' in concentration ', etc., the patient was able to speak. Nowadays I think this method is seldom used, and if at all, only in the case of minor obstacles.

Then the analyst may try to find out what the patient has been withholding and to say it in his stead, in some such way as this: ' It is obvious from this or that sign that you are occupied, say, with phantasies about my private life or with some of your own sexual activities, etc.' This is what is called ' content interpretation '.

Thirdly, the analyst may endeavour to link up all the instances when the patient remained silent instead of associating, and to show the identical features in all such instances, e.g. ' Whenever this or that difficulty emerges, you escape from it by withdrawing into silence, by becoming numb, dead, by ceasing to feel anything ', etc. As the second step he will try to show that at one time when this particular defence mechanism started there was some point in resorting to it. In the third step then the analyst will try to make conscious the fear or anxiety now arising in the patient and to link the present situation with some similar feature in the original situation; and in addition to point out the inherent differences between the two situations. This is what we may call the interpretation of the defence mechanism or even transference interpretation.

There is still another approach, and I think this latter will yield important material to a theory of object relations. I propose to call it ' *creating a proper atmosphere* ' *for* the patient *by* the analyst, in order that the patient may be able to open up. If it is thought that this is too much to ask, I shall put it in a negative form: *avoiding* the creation of an atmosphere that shuts the patient up. Putting it in this way, it is obvious that silence is not due to the patient's transference, or to the analyst's counter-transference, but to an interplay of transference *and* counter-transference, i.e. to an object-relation.

With our terminology of to-day it is very difficult indeed to describe the development and the subtle changes of this object-relation. Without noticing it we slide into describing it in our accustomed individualizing terms of instinctual tension, displacement, acting out, repetition-compulsion, transference of verbal or pre-verbal emotions, etc., with regard to the patient. On the other hand, with regard to the analyst we speak of: friendly understanding, correct interpretation, alleviating the anxiety, reassurance, strengthening of the ego, etc. All these descriptions are correct as far as they go. But as they do not go beyond the individual, they remain incomplete through the neglect of an essential feature, namely, that all these phenomena happen in an inter-relation between two individuals, in a constantly changing and developing object-relation.

I wish to quote here an idea of John Rickman's, of which unfortunately I heard only in April, 1950, i.e. only after finishing this paper. If I had been able to use his ideas, several passages might have been formulated more exactly and more convincingly. As I had not time enough to re-write this paper, I took the second-best course of calling attention to this important train of thought which admirably explains the discrepancies between our theory and technique. According to Rickman: ' The whole region of psychology may be divided into areas of research according to the number of persons concerned. Thus we may speak of One-Body Psychology, Two-Body, Three-Body, Four-Body and Multi-Body Psychology.' [23]

Each of these psychologies has its own field of studies and ought to develop its own ' language ' of technical terms, sets of concepts, etc., for the proper description of its findings. Until now this has been done only in the One-Body Psychology. Psycho-analytical theory—as I have tried to show—is no exception; almost all our terms and concepts were derived

[23] Rickman, J.: ' Methodology and Research in Psychiatry ' (Contribution to a Symposium at a meeting of the Med. Sec. of the Brit. Psychol. Soc.), April 26, 1950. I understand that similar ideas were already expressed by Rickman in June, 1948.

from studying pathological forms hardly going beyond the domain of the One-Body Psychology (obsessional neurosis, melancholia, schizophrenia). That is why they can give only a clumsy, approximate description of what happens in the psycho-analytical situation which is essentially a Two-Body Situation. Mathematicians have developed a special discipline—projective geometry—for the study of the laws (and of the many pitfalls) concerning the representation of an $n + 1$-dimensional body in an n dimensional space (the best studied case is that of the representation of a three-dimensional body on a two-dimensional plane). No such discipline as yet exists in psychology, and we have only some vague ideas but no exact knowledge about what distortions happen and how much we miss while describing Two-Body experiences (analytical technique) in a language belonging to One-Body situations.

FUNCTIONAL ASPECTS OF THE MENTAL APPARATUS[1]

By EDWARD GLOVER, London

At the Amsterdam Congress of European Analysts I endeavoured to outline the most important of those sparingly stated basic concepts on which the theory and practice of psycho-analysis is founded and on which the validity of the most elaborate presentation of mental structure ultimately depends.[2] On that occasion I pointed out that Freud's original description of the mental apparatus, as outlined in the theoretical part of his *Interpretation of Dreams*, provided us with a perfectly adequate reconstruction of the first stages of mental life. It is with this frequently misunderstood but nevertheless *master-concept of a mental apparatus* that I am concerned here.

The fact that in recent years psycho-analysts have neglected the concept of a mental apparatus is due to a number of causes some of which cannot be distinguished from resistances. Chief of these is an inveterate tendency to anthropomorphize all mental concepts. Because, for example, we tend to identify ourselves with our ego, or, as the case may be, our super-ego, it is easy to neglect the purely *functional* aspects of these *psychic institutions* as instruments of adaptation. This tendency to anthropomorphize the mental apparatus, to personalize its parts and functions, was accelerated by the circumstance that Freud's original and mainly dynamic concept of the apparatus was considerably overlaid by his later expansions of structural psychology. This emphasis on ego-psychology has given rise during the past ten to fifteen years to attempts to describe early functional (dynamic) phases of the mental apparatus in terms of organized ego-institutions; or, to put the matter more simply, to attribute to the suckling the conscious mentality and unconscious organization of a four-year-old child.

Similarly, concepts of unconscious *conflict* appropriate to comparatively late symptom-formations such as the infantile psycho-neuroses, tend to be applied to earlier forms of developmental disorder; for example, to rudimentary psycho-somatic reactions, to convulsive seizures and to the essential (infantile) psychoses. We are inclined, that is to say, to look upon the earliest disturbances of mental function as if their etiology did not differ in any essential respect from the etiology of the psycho-neuroses.

It would be interesting and not altogether irrelevant to the purposes of this paper to speculate on the unconscious factors giving rise to these ' conceptual ' resistances. For the moment, however, we must content ourselves with the suggestion that the main obstacle to understanding is narcissistic in nature, namely, a need to deny that the ego was at one time purely id. This need can be readily satisfied by the tacit assumption that an ' ego-self ' exists shortly after birth, in other words, by regarding the id as if it were merely a primitive ego-institution. Moreover, since conflict implies some degree of ego-organization, the assumption that true conflict exists shortly after birth flatters the narcissistic vanity of the adult observer by its implication that the infant is already possessed of moral institutions. However that may be, it is undoubtedly a fact that the psycho-analytical observer starting his investigations with a fairly comprehensive understanding of the four-year-old and seeking to reconstruct the earliest phases of mental development tends to ' carry back ' his established findings, to read the early unknown in terms of the later known. Inevitably these tendencies obscure our understanding of early mental development, and I consider it essential to work out in greater detail the functional aspects of mind at a period when mental structure is of the most rudimentary order and before the mind has acquired conceptual content.

To begin with it should be remembered that

[1] This paper was given in an abbreviated form at the 16th Psycho-Analytical Congress, Zürich, August, 1949.

[2] *Basic Mental Concepts.* (Imago Publishing Co., London, 1947.)

Freud's original description of the mental apparatus was intended to provide a theoretical basis for the processes of dream-formation. And since the dream-material he examined was almost exclusively adult material, his sketch of the mental apparatus had perforce to indicate its fully developed form. Thus, for example, when describing the essential characteristic of punishment dreams, Freud pointed out that it is not the repressed unconscious wish that is responsible for the dream but ' the punitive wish reacting against it, a wish pertaining to the ego, even though it is unconscious.' In a footnote to this passage, added some years later, he remarked, ' Here is the place to insert the idea of the super-ego which was later recognized by psycho-analysis.' In other words, Freud was then describing the operation of the mental apparatus during sleep at a stage at which the classical Œdipus complex is in process of being overcome, that is to say at the very earliest a three- to four-year-old mental apparatus. Nevertheless, he gave numerous hints as to the nature of mental activity in the earliest stages; as when he suggested that dreaming is ' a fragment of the superseded psychic life of the child '; that our dreams are ' remnants of the supremacy of the pleasure-principle and proofs of its power '; that the primary processes are ' *residues* ' of the phase of development ' in which they were the only kind of mental processes '; that in laying aside our mental acquisitions in sleep we approach remarkably close to the situation in which we began life; and that the master-mechanism responsible for dream activity is that of regression.

No matter, therefore, how many distinct levels we may ultimately postulate in the development of the mental apparatus, we are compelled to distinguish in the first instance *a primary functional level.* Metapsychologically this primary level can be described as a central psychic path lying between the sensory and the motor boundaries of the apparatus, along which unbound instinctual charges advance or regress according to the pleasure principle, activating and reactivating in their passage primordial memory traces. Stimulated by variations of affect this primitive apparatus seeks during the brief periods of waking infantile life to effect adaptation by mostly uncoordinated motor discharges, and, during the much longer periods of sleep, to reduce excitation by regression, in course of which hallucinatory images are from time to time activated at the sensory end of the apparatus. The mental apparatus is in fact at this stage less a structural unit than *a series of dynamic (energic) sequences representing and recording the flow and ebb of psychic excitation.* Dealing as it does with unbound psychic energies, *its urgent need is to reduce traumatic stress due to damming up of excitation.* We may assume further that the favourable or unfavourable (retarded) development of the mental apparatus depends at first on a quantitative factor, since some degree of traumatic intensity is essential to the laying down of those memory traces which subsequently are used for purposes of reality adaptation.

Pursuing this dynamic approach, we may assume still further that the first mental disorders occurring at this primary functional stage are simple *disorders of excitation and discharge* without fixed psychic content and giving rise to the purest form of psycho-somatic reaction (disturbances of affect, of organ innervations, of motor discharge and of sleep). At the same time we must remember that not all disturbed discharges can be regarded as pathological in type. Infantile convulsions are not necessarily a sign of idiopathic epilepsy. Moreover, already at this stage the repetition-compulsion can take precedence over the pleasure-principle. Indeed, we can regard the operation of this repetition tendency as the first spontaneous attempt at active, autoplastic psycho-therapy, in that, in contradistinction to regression, it seeks to master rather than escape from dammed-up energies due to instinctual frustration and over-excitation of whatever sort.

Before considering the means whereby the validity of these assumptions (regarding a primary functional phase of the mental apparatus) can be tested, it is convenient to indicate briefly what is known regarding *later* functional phases of development. Of these later phases the easiest to recognize is that arrived at just prior to the latency period, when for all practical purposes the mental apparatus has achieved its final form. Needless to say, it is unnecessary to recapitulate here the familiar features of this well attested phase which is described clinically as the Œdipus phase. Of the *intervening* phases much less is known. Indeed, by the time we reach back to the two-year-old level of mental development, we are already compelled to have recourse to hypothetical reconstructions: and our conclusions have little more force than those we arrive at concerning a primary phase. Nevertheless, the progress of psycho-analysis

depends on the accuracy with which we can isolate these intervening stages. No doubt the process of isolation does violence to the concept of total function: yet for both clinical and descriptive purposes we must ignore both the overlapping and the simultaneous functioning of transitional phases.

Of the many possible methods of isolation the most important are: first, the analysis of psychic stresses; second, the isolation of predominating defence-mechanisms characteristic of any given phase; third, the demarcation of id-ego boundaries, or, to use the older terminology, of the unconscious-preconscious barrier; fourth, the distinction of increasingly complicated ego-object relations; and, fifth, the ordering in developmental sequence of symptom-formations. Naturally all of these approaches overlap.

Among the *stress factors* the most important are: the damming-up of instinct-quantities, the stimulus of reactive anxiety and the pressure of unconscious guilt. An essential part of this investigation is to distinguish *developmental orders of stress*. For although at the final stages of development of the mental apparatus, all three varieties of stress can be observed to operate simultaneously, this does not permit the assumption that all of them exist and operate with equal force in the earlier stages.

Here is the point at which it is necessary to define with some precision the concept of *conflict*. Some years ago Hartmann [3] suggested that this term is applied too exclusively to the processes of adaptation and that there is a ' sphere without conflict ' which nevertheless records clashes between the organism and its environment. In the writer's opinion, Hartmann might have developed this idea further. Clearly, if such spheres exist they indicate that, at some stage of development, stress without conflict must have been a characteristic feature of mental activity which later on manifests itself in more limited ' spheres '. Stresses due to the opposing aims of instincts existing before the ego is organized cannot be labelled ' conflict ' without making nonsense of the concept of the id, to say nothing of the primary processes which take no cognisance of contradictions.

Neither can we proceed to the opposite extreme and limit the term conflict to stresses arising specifically from the super-ego, for that would be to ignore the rôle of traumatic anxiety in ego-development. Moreover, we cannot associate conflict exclusively with symptom-formation. That would be to confuse cause with a special group of effects. It would in any case be absurd to suggest that persons who are free from clinical symptom-formation have no unconscious conflicts. It would therefore seem reasonable to distinguish at least three stages in psychic stress: (1) stresses existing at a time when the ego is not yet organized. These belong to the primary functional phase. (2) Stresses existing when the ego is more organised and employs specific defence-mechanisms but is still subject more to anxiety than to guilt. This secondary phase overlaps with a third: (3) namely, the period when the super-ego stresses give rise to the purest form of endo-psychic conflict.

The next method of demarcating stages in the development of the mental apparatus depends on the *isolation of defences* operating before the establishment of an organized repression barrier. Here again a distinction can be drawn between primitive phases when regression and reflexion of instinct predominate, and phases when systems of anti-cathexis are organized. The rôle of anti-cathexis in the formation of the early ego has been underestimated in the past, largely because it has been almost exclusively associated with the process of primal repression. There is every reason to assume that for a prolonged period anti-cathexis is one of the chief agents not only in controlling frustration and the damming up of excitations consequent thereon, but in developing the pre-conscious system. In other words, anti-cathexis is in the first instance a response to traumatic stress rather than to conflict. It affords breathing space for the development of secondary processes, not only through the mechanism of primal repression but through a general function of mobilising counter-interest.

This brings us to the third approach, namely, study of the development of the *barrier between the unconscious and the pre-conscious systems*. This is an approach to which much less attention has been paid in recent years, partly because the overriding importance attached to the id has encouraged a certain indifference amongst psycho-analysts as to its boundaries. It is not hard, however, to distinguish three distinct phases, viz., a primitive imaginal phase when fluctuations in the cathexis of memory traces

[3] ' Ich-Psychologie und Anpassungs-Problem ', *Int. Z. f. Psychoanalyse*, **24**, 1939.

constitute the nearest approach to ideational activity, a phase when thinking is mainly symbolic in nature, and a phase when conceptual thinking exerts a primacy over the earlier modes.

It is desirable at this point to stress the importance of this concept of *primacy of function*. Study of the relations of the id and of the repressed to the pre-conscious ego illustrates very clearly the phenomena of simultaneous function and, in the structural sense, the ' overlapping ' of different phases. With every approach to the demarcation of phases of development it is essential to remember that a primitive phase does not cease to function because it has reached the limits of its expansion and is overlaid by subsequent more organized layers. In contradistinction to the atrophy of certain primitive physiological systems or organs, the earliest mental systems continue to function throughout life alongside more developed organizations or institutions.

Thus in the present instance, it is probably true to say that the phase of imaginal representation characteristic of the primary functional phase is gradually superseded during the period when symbolic thinking contributes to the organization of the deepest layers of the pre-conscious system; and that from the onset of conceptual thinking it is incapable of further development. But we have every reason to know that it does not abandon function. We know too that as the pre-conscious system expands the ego develops rapidly. But although the ego is more organised and the mental apparatus has clearly passed from a primary to a *secondary* phase, it is still concerned for the most part with the control of or flight from excessive excitation, using for the purpose automatic unconscious mechanisms. Stress rather than conflict is still the decisive factor in the earlier stages of this secondary phase. Only at the end of the secondary phase when conceptual thinking has to a considerable extent superseded symbolic thinking does the influence of super-ego organisation begin to predominate. We can then speak with some justification of a *tertiary phase* in the organization of the mental apparatus in which true endopsychic conflict is a constant factor.

Within the limits prescribed by a summary it is scarcely possible to do more than indicate the scope of the fourth method of approach; viz., *a study of object relations and boundaries*. By far the greater part of psycho-analytical work has been and is concerned with ego-object relations. Indeed, when one considers the extensive observations that have been made on developmental phases of libido and of the aggressive impulses and on the influence of unconscious mechanisms such as projection, introjection and displacement on ego-object relations, it would appear that we are already in a position not merely to isolate one or two main phases in mental development, but to describe a lengthy series of phases. From the point of view of ego-psychology this is no doubt true; but when seeking to isolate phases in the development of the mental apparatus a great deal of this complexity disappears or, at any rate, can be reduced to a few simple generalizations.

Thus we can identify the primary functional phase of the mental apparatus with the period of ' primary identification ' which includes the most primitive forms of (organ) object relationships and which is maintained largely by the mechanisms of regression and by commencing projections. We can also recognize without much difficulty the final and stable phase of object relations which occurs when introjection processes have reached their peak activity and are giving place to more elastic mechanisms of identification. There is in my view a good functional justification for including identification in this latest phase, namely, that it promotes and preserves a necessary fluidity in object relationships. Introjection by contrast expands the ego at the cost of object relationships.

Regarding the period that lies between these first and final phases it is difficult to speak with any precision. We may be certain that during this intervening phase object relations are influenced by three main mechanisms, introjection, repression and displacement. But although in this respect the mental apparatus functions in a much more complicated way than it does in the primary functional phase, we cannot presume that there is any direct ratio between the variety of instinctual experiences and the *complexity of the apparatus*. However much it may add to the organization of the ego, the experience of a succession of instinctual primacies calls for no outstanding change in the function of the apparatus; although no doubt the development of the repression group of mechanisms gradually lessens the rigidity of introjections.

Turning now to the last or *clinical approach* to the mental apparatus, viz., by means of

establishing *a developmental series of mental disorders*, we encounter the difficulty that, to be clear about a hierarchy of mental disorders, we must know something about the hierarchy of levels of mental development from which they spring. We can be certain that the constitutional factor exerts its maximum influence during the primary functional phase and contributes characteristic features to the simple disorders of excitation and discharge that appear during that phase. We can be equally certain that those classical symptom-formations, the infantile neuroses, first appear in what I have called the tertiary phase. But (to keep for the moment to the main groups of psychic disorder) the position of the infantile psychoses is still far from clear. Sharing with neurotic symptom-formations the characteristic of possessing occult meaning, they nevertheless present many functional features, in the sense that they are also responses to traumatic over-excitation and therefore have their roots in both primary and secondary phases. Uncertainties of this kind are naturally increased when we attempt to distinguish etiological formulæ for the various sub-groups of the psychoses and for transitional groups such as the drug addictions, and on the strength of these distinctions to outline transitions in the function of the mental apparatus.

The varieties of approach described above do not of course exhaust our means of investigating the problem. Nor is it intended that the brief description of them given here should be more than a stimulus to orderly thinking and research on the subject. Nevertheless it is essential to submit the generalizations that have been put forward to a clinical test in order to determine their plausibility. Before doing so the following considerations should be borne in mind. In the first place it should be remembered that our metapsychological measures are highly artificial: the mind is best conceived of as being constantly in a state of energic flux. Secondly, what we call in the structural sense organization of mind is not to be thought of merely as a series of *superimposed* developmental levels. There is, to use a spatial image, a vertical as well as a horizontal development of the apparatus.

This fact is best expressed in terms of the *continuity* of functional systems within the apparatus. For instance, although, using the different methods of approach described above, it is comparatively easy to distinguish in each case primary, secondary and tertiary levels in the development of the mental apparatus (and no doubt with increasing accuracy in investigation other transitional phases will be established), it would be absurd to expect that the various functions of any one level would necessarily coincide in time, that is to say, that at a given developmental age-period *all* the manifestations of, e.g. the primary phase, would be found at the same time functioning in a closed system. What for the sake of convenience we describe as the superposition or overlapping of different horizontal layers can also be regarded as the continued function of a mental system, throughout more advanced stages of development.

Perhaps the best clinical illustration of the uses of a vertical rather than a horizontal approach is to be found in the case of paranoia. Here a primary fault in the function of the mental apparatus giving rise to excessive use of projection mechanisms continues to disturb development at various later stages and gives rise to characteristic disorders at each stage, e.g. some of the early infantile phobias and obsessions. Only when we reach the comparatively late period of homosexual development, either primary or reactive, can we speak accurately of a true paranoid basis for the future psychosis. Yet it is clear that this *canalization of functional disorders* in a consistent system serves to some extent to preserve the integrity of the ego. For despite a gross disturbance of reality sense, the ego of many paranoiacs continues to manifest a remarkable degree of effective function.

Needless to say this factor of continuity of systems is constantly reinforced by the operation of the mechanism of regression. It is of considerable help to understanding the total function of mind to remember that none of these levels or systems ever goes out of operation. As has already been suggested, they continue to function simultaneously throughout life. This is clearly shown, by the existence at all ages of dream formations, of disorders of sleep, of convulsive seizures and of the deeper inhibitions of activity produced under hypnosis, all of which manifestations may be presumed to exist in simpler form during the primary functional phase.

If only for clinical purposes, therefore, it is justifiable to break down this state of functional flux, to isolate both horizontal levels and vertical (or serial) canalizations of mental activity, and to indicate the disorders that are

associated with each level or canalization. Naturally the most important of these levels or canalizations is what I have described as the primary functional phase. And I think there is some advantage to be gained by describing this primary phase as, in the dynamic sense, a *traumatic phase*.[4] I have suggested, moreover, that at this primary period we find the simplest forms of psycho-somatic reaction, in other words, simple disorders of excitation and discharge. It is at this stage that individual factors combine with constitutional factors to form a *predisposition*, respectively, to the psycho-somatic disorders, to the psychoses and the psycho-neuroses of later life.

These disorders of excitation and discharge do not, however, *give place to* more meaningful disorders such as the psychoses and neuroses. They continue to have, as it were, a history of their own. As the rudimentary ego develops during the secondary phase, we begin to distinguish more precisely different *varieties* of functional disorder which predispose, e.g. to hypochondria, to neurasthenia, and to the anxiety-neuroses.

On the other hand, although it is desirable to isolate a series of functional disorders preserving the primitive characteristics of excessive excitation and discharge, this does not prevent us making the usual correlations between the functional states and the development of psychoses and neuroses. The established correlations on the one hand between the damming-up of narcissistic libido and the development of hypochondriacal anxiety and on the other between the damming-up of object libido and the development of neurotic anxiety would remain unaltered; but they would acquire a more systematic value. Similarly with the relation of hypochondria to paraphrenia; and of the actual neuroses to hysteria and obsessional neurosis. We could then say that given the appropriate ego- and libido-fixations these different varieties of functional disorder provide the foundations on which are built up, first, the primitive symptom-formations of the psychoses and later the true symptomatic compromise-formations of the psycho-neuroses.

This rough distinction of horizontal levels would enable us to follow with clearer understanding what I have called the serial development or canalization of mental disorders. In the case of two of the psychotic groups, the depressive group and the paranoiac group, we could distinguish more clearly the early functional traumatic stages on which the later symptom-constructions are founded. In both instances it is not difficult to establish by analysis and sometimes to confirm by anamnesis a traumatic factor, involving in the case of depression a damming-up of oral-sadistic excitations: in the case of paranoia a damming-up of mainly anal-sadistic excitations.

Moreover, by reversing the order of approach and studying the effect of sudden regression on a developmental series, we can throw some light on the phenomenon of suicide. In a paper on this subject I suggested many years ago that the act of suicide, although associated closely with depressive mechanisms, could be explained only by assuming an instinctual regression which simultaneously breaks down the defence-barriers existing at *every* stage of infantile development. To this formulation I would now add that in effective suicide the regression of dammed-up energies activates the primary functional level of the apparatus, producing an intolerable state of stasis which overcomes primary inhibitions and seeks autoplastic discharge through motor paths.

Following the same approach it would be possible to effect an orderly classification of that omnibus group of disorders frequently but often inaptly described as ' traumatic neuroses '. We could isolate those traumatic states in which the symptom-picture is determined mainly by the functional discharge or inhibition of excessive excitation from those traumatic states in which true psychotic or neurotic formations, respectively, complicate the clinical picture. We could also distinguish more clearly the psycho-somatic states in which

[4] I realize fully that there are some drawbacks to the use of the term ' traumatic ' in this connection. Traumatic hypotheses have in the past given rise to all sorts of confusion regarding mental development in general and pathogenesis in particular. It would perhaps have been better to keep to the term ' stress ' and indicate the traumatic factor in quantitative and qualitative terms, i.e. the intensity and variety of excitation. Unfortunately, apart from clinical data, we have no accurate psycho-analytical measures of intensity, and must consequently fall back in the meantime on descriptive terms. The word ' traumatic ' has therefore some descriptive value. Developmentally regarded it implies that under normal circumstances the infant's limit of effective tolerance of excitation is repeatedly exceeded during the primary functional phase. From the pathogenetic point of view, ' trauma ' implies that, owing to constitutional factors or to individual factors (e.g. the degree of frustration) or to both, the threshold of effective tolerance has been seriously lowered either temporarily or permanently.

the effects of summated excitation lead to purely functional discharges or inhibitions from those which provide a fixation basis for a subsequent conversion hysteria.

To take one last example: the concept of a primary functional phase can be usefully applied to the group of disorders known as the convulsive states. Both neurological and analytical observers have been prepared to recognize in these conditions a hierarchy of etiological elements derived from different levels of organization, and, although they express the basic reaction in different terms, agree that the convulsion is in the last event a violent archaic discharge consequent on damming-up of excitations or, as the neurologist would say, the blocking of stimuli. Examination of the different clinical conditions during which convulsive seizures occur bear out the assumption of a factor of traumatic stress. Psycho-analytic investigation shows, however, that the convulsive states constitute a group which can be sub-divided in accordance with levels of development, e.g. neurotic and psychotic epilepsies. And it seems likely that, as in the case of suicidal manifestations, a sudden and almost total regression breaks through the various barriers in series and lights up an archaic (motor and sensory) discharge which is seen in its simplest form in earliest infancy and is characteristic of the primary functional phase. Reversing the clinical order of events, we can surmise with some confidence not only that normal development consists in the superposition of increasingly effective barriers against the activity of primary discharges, but that the so-called mental disorders, when arranged in series, give a more accurate idea of the way in which these barriers originally functioned. But that is merely to say that in a serial classification of mental disorders the later elements represent more advanced systems of spontaneous ' cure ' of excessive excitation.

In this attempt to outline the serial development of the mental apparatus, I have confined myself for the most part to a consideration of a primary functional phase: and have referred to later phases mostly for purposes of contrast. I believe this procedure to be justified on a number of grounds, not the least of which is that by adopting the concept of early functional disorders of the mind we could eliminate some of the confusion in our existing etiological formulæ. But even if they should prove to have more theoretical than practical (clinical) value, the concepts of a primary phase and of primary functional disorders would at least prevent us falling into the grievous error of anthropomorphizing Freud's master-concept of a mental apparatus.

NOTE ON THE PSYCHOPATHOLOGY OF CONFUSIONAL STATES IN CHRONIC SCHIZOPHRENIAS[1]

By HERBERT ROSENFELD, London

I. Introduction

During the last ten years I have been treating by psycho-analysis a number of schizophrenics, some of very long standing. My aim was not only to achieve a therapeutic result, but to find out more about the psychopathology of this disease group. To achieve this aim I adhered to the regular analytic situation and deviated as little as possible from the established technique employed in treating neurotics, because I felt, and still feel, that only thus may it be possible to increase our knowledge of the psychopathology of schizophrenia.

This paper deals with the psychopathology of confusional states which I was able to investigate during the analyses of chronic schizophrenic patients. Feelings of confusion are part of normal development[2] and they are a common feature in many pathological conditions. But in the schizophrenic process severe states of confusion seem to play an important part; I also noticed that following the confusional state there was either an improvement or a deterioration in the condition of my patients.

I shall use material from one chronic paranoid schizophrenic patient to illustrate my points. He is a painter, forty years of age (in 1948), and a manifest homosexual.[3] From 1933, he gradually developed delusions of reference and persecution. In 1946 he started psychoanalytical treatment with a male colleague, and soon felt much better. After three months sudden changes took place in his condition. He stopped treatment, and soon afterwards began to act as if he were a young homosexual prostitute. Sometimes he made himself and others believe that he was a landworker. He tried to eliminate the fact that he was a painter completely from his memory and personality. When he later started to hear voices, they discussed among other things his age and his different selves, particularly whether he was a prostitute or a painter. His voices and his confusion between reality and phantasy became so bad that in summer 1947 he had to go into a mental hospital for three months. In March 1948 he started treatment with me in my consulting room.

I shall now discuss some of the concepts to which my findings are related. Melanie Klein[4] has described how the child from earliest infancy projects his libidinal impulses on to a breast which he feels to be good and his aggressive impulses on to a breast which he feels to be bad. Both the good and the bad breasts are introjected and are felt to be outside and inside the infant at the same time. The good breast forms the prototype of all later good objects, while the bad breast, which is felt to be persecuting, becomes the prototype of all later persecutory objects, such as bad stool, the bad penis and so on. During the first few months of life, which Melanie Klein calls the paranoid position, the infant keeps the good breast separate from the bad breast. Occasionally states of integration occur, when love and hate can be experienced towards one and the same breast with constructive impulses mitigating and controlling the destructive ones.

I wish to make some tentative additions to these concepts, and I suggest that under certain external and internal conditions when aggressive impulses temporarily predominate, states may arise in which love and hate impulses and good

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[1] Paper read at the 16th International Psycho-Analytical Congress, Zürich, August, 1949.

[2] We may assume that in earliest infancy the baby lives in a state of unintegration (Winnicott, 1945), where perception is incomplete and where external and internal stimuli, external and internal objects and parts of the body can often not be differentiated. This confusion due to unintegration is normal and gradually disappears during development. We also have to keep in mind here that any developmental progress may lead temporarily to some confusion until a new adjustment is made.

[3] In an earlier paper (1949) I have given a more detailed case history of this patient. Here I want only to add that the patient was weaned after a fortnight and there were at first difficulties with bottle feeding.

[4] See particularly Klein (1935, 1946, 1948).

and bad objects cannot be kept apart and are thus felt to be mixed up or confused. These infantile states of confusion are states of disintegration and are related to the *confusional schizophrenic states of the adult* which I am describing in this paper. The confusional state is associated with extreme anxiety, because when libidinal and destructive impulses become confused, the destructive impulses seem to threaten to destroy the libidinal impulses. Consequently the whole self is in danger of being destroyed. The only escape from this danger lies in the ability to differentiate again between love and hate. If normal differentiation cannot be achieved, splitting mechanisms become reinforced.[5]

II. Confusion of Impulses

I shall first try to illustrate what I mean by confusion of impulses. In schizophrenics we frequently meet with a confusion of impulses or objects, which does not give rise to an acute confusional state but to a confusion of a more chronic kind, which may show itself in disturbances of speech or locomotion, or in severe inhibitions of other activities. When the patient began treatment with me he had become completely inhibited in his artistic activities. After some analysis with me he admitted that he blamed his first analysis for this difficulty, which was very painful to him. He explained to me that in the beginning of the first analysis he had started to paint *more*, and had shown the analyst some of the pictures. The analyst had remarked on the dark colour of the pictures, and had related this in his interpretations to the preoccupation of the patient with fæces and to his desire to smear with fæces. The patient thought that following on this interpretation he had gradually become unable to paint.

I want to explain here why I am including in this paper several of the patient's statements about his previous analysis in spite of the fact that it is quite impossible to be certain whether the previous analyst made the interpretations exactly in the way that the patient attributes them to him. Some of these interpretations sound quite feasible, but I suggest that they were inexact in a sense similar to Glover's use of this term in his paper on the therapeutic effect of inexact interpretation.[6] In the case of my patient, however, there was no therapeutic effect caused by an inexact interpretation; on the contrary, he felt intensely persecuted by it. In the treatment with me the patient tested me again and again to see whether I would make interpretations similar to those of the first analyst, so I had repeatedly to go over certain interpretations which the patient attributed to the first analysis and to seek to understand why he felt them to be so dangerous.

In the very beginning of the patient's analysis with me, I was impressed by the strong constructive impulses which were associated with his phantasies about fæces. For example, he studied various types of manure to improve the soil in his garden. The garden and soil were clearly symbols of his mother, whom both in reality and phantasy he had attacked and hurt and whom he wanted to restore. In dreams and associations the aggressive impulses related to phantasies of bad and poisonous fæces were continually confused with his libidinal phantasies about good fæces. As soon as the patient was helped through the analyst's interpretation to differentiate between phantasies and symbols of good and of bad fæces, and the libidinal and aggressive impulses related to them, he began to paint once more. The inhibition in painting seemed to be due to a confusion of good and bad fæces and libidinal and aggressive impulses in his phantasies. His blaming the first analyst for causing the inhibition in his painting meant that he accused him of not differentiating in his interpretations between good and bad fæces, which was equivalent to mixing up and confusing the good and bad fæces and the impulses related to them in the patient's mind.

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[5] I am concentrating in this paper mainly on the confusion of aggressive and libidinal impulses. I am only touching on the confusion of different parts of the body and the confusion of phantasy and reality. I am not discussing in this paper the confusion arising through the projection of the ego or of parts only of the ego into other objects, which is an important factor in the frequent loss of identity of the schizophrenic. In 1949 I discussed a paranoid patient (Case C) who had the greatest difficulty in differentiating himself from the analyst. For example, he had a dream where a German professor on a motorcycle tried to split himself in two by running against a gate post. The analysis showed that the attempt to split in two was made to escape from the state of confusion caused by the patient feeling completely mixed up with the personality of the analyst. (The analyst is of German origin and the patient had just applied for a professorship.)

[6] Glover (1931) discusses in his paper what he means by ' inexact ' interpretations: He suggests, that it would be an ' inexact ' interpretation to interpret genital phantasies without attempting to uncover anal phantasies. In the case of my patient, an inexact interpretation would be to interpret his preoccupation with fæces simply as an autoerotic activity without attempting to uncover the libidinal and aggressive anal phantasies related to objects.

I will return later on to this accusation against the analyst in connection with a dream.

III. The Mechanism of Splitting Acting as Defence Against the State of Confusion

I explained before that, if normal differentiation between good and bad objects and libidinal and aggressive impulses cannot be achieved, splitting mechanisms become reinforced. For example, as a result of the confusion between the good and bad breasts, the phantasy of the good breast may be projected outside and the phantasied bad persecuting breast, identified with bad fæces, may be kept entirely within the patient. This mechanism was used by my patient to escape from a confusional state, which I now shall try to illustrate. This state occurred during a variety show. After the performance, the patient felt unreal and persecuted by his voices. Two comedians were on the stage, and one of them pretended to be attacked by severe colic. He held his stomach and ran round the stage obviously looking for an opportunity to relieve himself. Then he went into a little hut, which represented a lavatory. Anal noises were heard coming from there. When the comedian reappeared he waved a big stick of rhubarb triumphantly in his hand and shouted ' I saved the rhubarb '. At this moment the patient became completely confused, and when he first described the performance to me, he said 'he could not see the joke, because the little hut on the stage must have been a kitchen; it could have been nothing else '. The patient had frequently had dreams, where food and fæces were confused with mouth and anus. The scene had increased his confusion of part-objects, namely the internal good breast and bad fæces. To separate the good breast again from the bad motion, he projected the good breast outside, which caused the illusion of a kitchen but which made him feel unreal; the existence of the lavatory relating to bad stool had to be denied in external reality, but his internal sense of persecution, his persecutory voices (here related to bad stool), increased.

IV. Confusion of Parts of the Ego

I shall now describe a dream where two parts of the patient's ego are shown to be confused. At the time of the dream, the patient was in a state of anxiety and confusion, because he was convinced that another man, whom he described as utterly selfish, greedy and dominating, was trying to overwhelm and destroy him.

In the dream the patient was in an enclosure and observed several lobsters lying side by side. Suddenly one of the lobsters crept on top of another lobster and swallowed it up completely. Soon afterwards the patient saw a perfectly horrid object, looking like a skeleton or the bones of a thorax, running across the floor. He thought the ' creature ' was the two lobsters, and he chased it in order to kill it. He felt sorry for the creature, but he also thought of it as unbearably horrid.

The lobsters reminded the patient of himself, because he had frequently before identified himself with a lobster. Through other associations we began to realize that the man he felt persecuted by at the time stood for a part of his own self, which was identified with oral-sadistic impulses. His anxiety and confusion was due to his feeling that his bad self was devouring a good part of himself identified with libidinal impulses. The attempt to kill the creature in the dream represents a schizoid splitting mechanism, by which the hopelessly mixed up parts of the self are eliminated. Other associations revealed that the pieces of thorax referred not only to parts of the self, but to an object, namely, the breast, which the patient felt he had incorporated and destroyed through his oral-sadistic phantasies. There is therefore another reason why the ' creature ' is so unbearably horrid, because the destroyed breast is felt to be an internal persecutor. In analysing processes of splitting the ego, one frequently realizes that the various split-off parts of the ego are identified with introjected good or bad objects.[7]

V. Confusional State Arising in an Attempt at Recovery

I shall now bring forward some suggestions as to how an acute confusional state may arise in an attempt at recovery. I would remind you here that Freud (1911, 1924) [8] suggests that many schizophrenic symptoms are attempts at recovery, a concept which I found confirmed

[7] For further details about schizoid splitting mechanisms, see Klein (1946) and Rosenfeld (1947).

[8] Freud (1911) says in his Schreber case: ' The delusion formation, which we take to be a pathological product, is in reality an attempt at recovery, a process of reconstruction.'

In his paper on *Neurosis and Psychosis* (1924) he says: ' In the clinical picture of the psychosis, manifestations of the pathogenic process are often overlaid by those resulting from an attempt at cure or at reconstruction.'

again and again. Neither of the confusional states I have described (in the lobster dream and at the variety performance) cleared up through the patient being more able to differentiate between his libidinal and aggressive impulses, but through a reinforcement of mechanisms of splitting. This implies that there was temporarily a deterioration in the patient's condition, because if mechanisms of splitting become reinforced, although the confusional states disappear, the processes of ego-disintegration increase. I had therefore to concentrate in the earlier part of the patient's treatment on the analysis of the splitting processes, which I cannot now discuss further.

Whenever splitting processes lessen, either spontaneously or through analysis, both the libidinal and the aggressive impulses become more active. The libidinal impulses assist the ego in striving for better integration and for synthesis of its internal objects. If these processes were to succeed, recovery would result. Nevertheless, at moments when libidinal and aggressive impulses are brought close together, a particular danger arises of an acute confusional state occurring, because the aggressive impulses may predominate and overwhelm the libidinal impulses and the ego.

There are two main reasons for the temporary predominance of aggressive impulses when analysis is making progress in schizoid patients.

First, a great deal of aggressive energy is expended in keeping up the splitting processes. When the splitting diminishes this aggressive energy is released and may temporarily be excessive.

Secondly, with the lessening of the splitting processes, libidinal impulses are freed and seek for immediate satisfaction. The frustration of these libidinal impulses also contributes to the increase of the aggressive impulses.

I shall try to illustrate this problem by giving some dreams from a later stage of the patient's treatment. He was making good progress at the time. At a certain point in the analysis of these dreams he appeared to be temporarily overwhelmed by his aggressive impulses and there seemed to be danger of a recurrence of the acute schizophrenic state he had experienced three years before. The dreams helped us to understand and prevent the threatening disaster.

First he dreamt that all the Christmases were stuck together, and he shook hands with a woman who was suffering from his disease, namely, schizophrenia. In the second dream a woman was boiling and mixing old and new stools in a saucepan. The patient wondered whether he could distinguish between the different stools. The analysis of these dreams went on for several weeks. In his first associations to the Christmas dream he gave a description of ' his mad year ', as he called it. We now realized that the period of being the homosexual prostitute was linked to certain times in his childhood when he had good relations with his parents and to an adolescent period when he had despised them. Further he suggested that he had ' stuck his parents ' into the simple people who lived in the cottages of his village. These people had in his opinion a free sexual life. At the same time he made fun of his snobbish parents in this way. The shaking hands with the paranoid woman was a friendly gesture towards her, but at the same time it meant that he made her as ill as himself by putting his illness into her. In all these associations libidinal and aggressive impulses are active, but he clearly differentiates between them. He returns to those times of his life when he was friendly and to those when he was aggressive to his parents. He allows the parents a free sexual life, but at the same time he humiliates them and makes fun of them by changing them into cottage people.[9] He is concerned about a woman who is ill, but he adds his own illness to hers by making her one with him.

Now to the dream of the woman boiling stools. The mixing of fæces in a saucepan means that fæces are treated as if they were edible food. The patient first thinks of his previous analysis. He suggested that the previous analyst had frequently interpreted his preoccupation with the breast, with parts of himself and with fæces simply as a preoccupation with fæces. He criticised the analyst for having thus muddled food and fæces and for having fed him on this mixture. The patient in the dream tries to differentiate between old and new fæces, which the woman is muddling up. This indicates a very definite improvement. In his first analysis, and during the early part of the analysis with me, the patient swallowed, so to speak, any interpretation he was given. There was never the slightest criticism from

[9] In fact, a large proportion of the patient's delusions and voices were related to the cottage people.

him. Now his ability to criticise begins to develop, as is indicated in this dream.

The session was followed by a week-end when he had a dream that his mother was drunk and quarrelling with his father. In the second part of this dream a woman was hanging with a rope round her neck in a lavatory, and he ran to save her. In reality his mother *never* drinks too much, while he sometimes drinks excessively, so he had projected his bad self aggressively into his mother, had made her commit suicide, and then attempted to rescue her and himself. At first he refused any associations, by saying that this dream was not worth analysing because *he had actually lived through the dream.* As in this dream he had killed his mother and himself, the statement that he had lived through the dream meant that his destructive impulses were getting out of control and he felt that the death of his mother and himself was becoming reality. If this were true the dream was no longer worth analysing, because the attempt at recovery, the rescue of the woman in the dream, would be doomed to failure. Towards the end of the interview he returned to the Christmas dream. He said, '*One receives gifts at Christmas, your interpretations are gifts to me*, but as you are doing this every day, time is eliminated, and so there is really only Christmas, and all the Christmases are one, and that is why they were all stuck together in the dream.' He added that during the Christmas following the ending of his previous analysis he was quite mad and had talked in free associations.

The patient was here confusing gifts and madness, and was indicating that he was not able to differentiate between whether I was driving him mad or making him better. The remark about free associations and being mad seemed to be related to the previous analysis, which he was confusing with the present one. I interpreted that he felt that the first analysis had driven him mad and that at this moment, in spite of the greater insight he now had, he was aggressively turning me into the woman boiling the motions in the saucepan and was confusing me with his bad self, his bad mother, and the previous analysis, which was madness to him. As a consequence he was beginning to confuse phantasy and reality, past and present situations, and everything seemed to be turning into one. The patient replied that during the morning he thought he had seen the previous analyst everywhere; in trains, in buses, and in the street, and he had been afraid of becoming mad again.

The further analysis of this state of confusion revealed an oral-sadistic and anal attack on the patient's mother and her breast, in which she was eaten up, broken to bits and mixed up with fæces. There were attempts to repair the destroyed mother and breast and the ego parts mixed up with them, but overwhelming aggressive impulses were continuously interfering and preventing reparation. Severe paranoid anxieties were related to the situation, because the destroyed breast mixed up with bad stool became an internal persecutor and attacked and mixed up the patient from inside. This linked up with anxieties about his real mother, with his early feeding difficulties and his anxieties about his toilet training.

These factors were important for the handling of the analytic transference situation. Any inexact [10] interpretation on the part of the analyst was taken by the patient as a proof that his attack on the analyst had succeeded. The analyst was felt to have been destroyed and turned into a persecutor. The patient feared that, as a retaliation against the patient, the analyst was sadistically bringing his mind, his ego, and objects together in a confused way, which meant he was going to drive the patient mad. It is possible that if many of the analyst's interpretations are in reality faulty and inexact, the patient's phantasy of the analyst as a persecutor may become completely real to him, and the persecutory and confusional processes may become activated. This may be one of the ways in which an acute confusional schizophrenic state can become manifest under analysis. During and after analysis of these two dreams the voices and confusions of the patient diminished and his general contact with reality improved.

VI. Conclusions and Summary

I want shortly to recapitulate the main points which I have tried to bring forward in this paper. In observing confusional states during the analyses of chronic schizophrenic patients I was particularly impressed by the fact that the patients were unable to differentiate between their libidinal and aggressive impulses and their good and bad objects. Both the impulses and

[10] See Edward Glover (1931).

objects were felt by the patients to be in a state of confusion. The ego was also involved in this state of confusion. This I tried to illustrate by using a dream of my patient where the confusion of two ego parts was pictured as one part of the self eating up another part, so that they became indistinguishable.

In addition I was able to observe two ways of overcoming the state of confusion. First, the ego may regain the power of differentiation between the libidinal and the aggressive impulses. The result is better integration and clinical improvement. Secondly, the normal differentiation between aggressive and libidinal impulses fails, and subsequently new splitting mechanisms make their appearance, or the existing tendencies to split become reinforced. I have given two illustrations of splitting mechanisms following on the confusion. After the splitting becomes activated, the confusion and anxiety disappears, but there is clinically a deterioration in the patient's state, since the splitting causes progressive disintegration of the ego. An acute confusional state is apt to occur when splitting processes lessen, either spontaneously or through analysis, and both libidinal and aggressive impulses become more active as the aggressive impulses may temporarily predominate and interfere with the attempt at recovery.

I will state briefly my hypothesis about the state of confusion which may occur when the attempt at recovery fails.

Melanie Klein has shown that the splitting of objects and the ego is characteristic for the paranoid position, while the depressive position is introduced through a lessening of splitting mechanisms, so that libidinal and aggressive impulses can be brought closer together. Thus the libidinal impulses can help to modify and control the danger of the aggressive impulses, and feelings of reparation can begin to develop.

When the schizophrenic patient is making progress his reparative tendencies show themselves more openly. His libidinal impulses become related to phantasies of repairing his ego and his external and internal objects, which he has attacked and destroyed in his aggressive phantasies and which are felt to be in pieces. In the successful attempt at recovery the libidinal impulses achieve the restoration of the ego and its objects by connecting the various pieces correctly.

However, when aggressive impulses become temporarily predominant, the reparative process may be interfered with in a particular way. The libidinal impulses succeed in bringing the pieces of the objects and the ego together, nevertheless the aggressive impulses prevent the pieces from being sorted out and put together correctly. In the worst instance, the objects and the ego become pieced together but in a completely mixed up and faulty way. The result is a state of confusion, which may be either described by the patient himself or diagnosed only by an observer, who finds the patient confused and disorientated and without insight.

I have tried to illustrate this faulty reparative process and the severe persecutory anxieties related to it in my schizophrenic patient. The analysis seemed to prevent the manifestation of an acute psychotic confusional state, which was threatening at the time.

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ANXIETY IN INFANCY: A STUDY OF ITS MANIFESTATIONS IN THE FIRST YEAR OF LIFE[1]

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Limitations of time force me to omit references to authors who have investigated anxiety in infancy, such as S. Freud, Anna Freud, Greenacre, Melanie Klein, Odier, and many others. I must also omit definitions and quotations as well as the larger part of the theoretical conclusions arising from my findings. I will present mainly, in telegraphic style, the behaviouristic description of these empirical findings. They are gathered from observational material on 239 babies observed from the age of ten days to the age of one year; and on forty-five babies delivered without anæsthetic and observed from delivery to the tenth day.

At and immediately after delivery discharge phenomena can be observed in the newborn. They are in the nature of unpleasure, but strikingly brief and mild.

Immediately after birth the neonate's reaction to various stimuli is inconsistent, diffuse and unspecific. Even the famous Watson experiment of dropping the infant mostly does not elicit anything that could be qualified as anxiety. As for the provocation of rage (Watson) by restricting the infant's movements, that is a statement which belongs to the realm of fable and is based on improper observational technique. You will have the opportunity to see examples of all this in the motion picture.

I believe therefore that if we are to describe the psychological correlate of what we can observe in the way of emotions at birth and in the first weeks, we shall have to limit ourselves to the categories of unpleasure and quiescence only. At that early stage anxiety cannot be observed in the behaviour of the infant, and neither can pleasure. The system is regulated by the Nirvana-principle which aims at the reduction of tension. To make the experience of pleasure possible, at least some rudimentary form of Ego must be present.

At this stage at which the Ego is still nonexistent, its defence functions are partly replaced by an exceedingly high perceptive threshold which acts as a biological stimulus barrier.[2] This makes it difficult, if not impossible, to get any but the most diffuse response to stimulations which, to be effective at all, have to be violent. Hartmann has suggested in his recent papers that this stimulus barrier will serve later as a model for certain Ego functions in the nature of defence, more specifically those on the lines of repression. But before that can come to pass the threshold must be progressively reduced and finally disappear, to be replaced by Ego functions. This process takes several months.

The rest of the Ego's functions of defence as well as the Ego's functions of adaptation and mastery are safeguarded by a quasi-biological unity of mother and child, called by us the mother-child binomial, an expression borrowed from the Spanish pediatrician Morchio. It is this unity of mother and child which ensures survival.

In the following weeks, reliably stimulus-specific reactions are set up according to the pattern of the conditioned reflex. One of the first of these, in response to an equilibrium stimulus, is the child's turning towards the breast when put into the feeding position.

In the course of the second and third months, the first responses in the nature of pleasure can be distinguished. They are connected with innumerable expectancies (Gesell) implanted by the only actual person existing in the infant's life, its mother. It is as a consequence of these expectancies that the infant develops in the third month the social smile (Ch. Bühler) in

[1] Paper read at the 16th International Psycho-Analytical Congress, Zürich, August, 1949. The paper was followed by a motion picture: 'Anxiety: Its Phenomenology in the First Year of Life.'

[2] 'It may easily be that the psychic apparatus utilizes other methods of defence prior to the clear-cut differentiation of Ego and Id, prior to the erecting of a Superego, than it does after these stages of organization have been attained.' (S. Freud, *The Problem of Anxiety*, p. 146. Norton, New York, 1936.)

response to the face of the adult seen straight on (Kaila, Spitz).

During the same period the unpleasure responses became more specific. The stimuli which provoke them are not connected any longer nearly exclusively to inner sensations. Neither are these unpleasure responses any more the fleeting and short-lasting discharge phenomena of the first days. Memory traces have been laid down. They are evident in the social response of recognition manifested in the smile; their effectiveness is equally evident in the longer duration of unpleasure responses to perceptions of a psychological nature.

Therefore, in the third month, the infant is not only able to manifest pleasure when beholding its human partner, but also to produce long-lasting unpleasure reactions when deprived of him. These two responses are the greatest advance in discriminatory development at this age. No such discrimination can be demonstrated in respect to toys or even to food at the same period. This is a finding which certainly will not come as a surprise to psycho-analysts.

There are, however, exceptions. We find children in the first five months who react to the adult's face by crying. We have invariably found in our material that in these cases a particularly painful mother-child relationship existed. The expectancies created in these children by the human partner, by the mother, were those of unpleasure, and every human being, therefore, provokes the same unpleasure reaction. This atypical response is the sign of a psychopathological process.

In these cases we have the impression that the unpleasure is much more specific than what we have discussed up to now. The physiognomical expression of these infants is really one which might be qualified as anxiety. For the first time in the infant's development we can see here reactions in the nature of flight in response to psychological stimulations, for up to this point flight reactions occurred only in response to physical stimuli.

It is at the next stage that we are inclined to recognize anxiety proper. After the sixth month, in an age range varying from the seventh to the tenth month, the normal child shows a fundamentally changed attitude towards the human partner. Whereas between the third and the sixth month it would smile at *any* human being approaching it in the appropriate manner (that is frontally), in this new stage of emotional development it will show definite signs of anxiety, with drastic flight reactions, when approached by a stranger. This behaviour has many individual variations. Accordingly it has been described in various ways by psychologists. The child may simply ' act coy ', turning its head away; it may hide its head in its mother's clothes. It may hide its face in the blankets, it may begin to weep. It may scream. We have called this anxiety of the child the ' eight-months' anxiety ' after the period at which it is most frequently manifested.

The phenomenon has another rather strange corollary. It is very easy to overcome, though few people are familiar with the device we have introduced for this purpose. This device consists in turning one's back on the child, remaining motionless in close proximity to it. Within a very brief time, usually a few seconds, the tears will cease and the child will reach out to take hold of the stranger's hands or clothes.

From here on the pattern of anxiety branches out. It becomes difficult to say what is normal and what is not. We know that the eight-months' anxiety subsides in the first quarter of the second year, only to reappear, generally much stronger, towards the end of the second year and in the subsequent two or three years.

On the other hand, the second half of the first year is the time at which we have been able to distinguish certain psychopathological syndromes. It is also the period at which varied objects may unexpectedly and unaccountably elicit anxiety reactions in children.

One of these psychopathological syndromes we have found is marasmus in children who, about the third month, were separated from their mother without the provision of a substitute, and remained separated. At the stages of this condition where anxiety was still present, it was manifested as a response to every stimulus and impresses the observer as a defence of the organism serving to husband the ever-vanishing energies.

In this function it seems to be a regression to the state of the neonate who reacts with displeasure to any stimulus perceived. Perhaps the apathy which develops later in these children represents a further regression to the neonate's high threshold against stimuli which act as stimulus barrier.

In children who were separated from their mother in the *second* half of the first year and who remained separated from her for a period not exceeding three to, at most, five months, a behaviour develops which resembles depression in grown-ups; as described elsewhere,

the condition is fundamentally different from the adult psychiatric condition of depression, and was therefore called by us 'anaclitic depression'. During the first two months of separation anxiety at the approach of a stranger shows an increasingly violent pattern. The uninitiated might confound this anxiety with the eight-months' anxiety. The difference is a quantitative one. While eight-months' anxiety can be overcome by adequate behaviour, as mentioned above, such is not the case in the anxiety of depression. No approach succeeds in calming the child. In extreme cases the desperate screaming will go on for hours; we ourselves have witnessed cases going on for two to three hours without pause.

These attacks of anxiety in anaclitic depression are accompanied by conspicuous autonomous manifestations. Tears are common in the anaclitically depressed child. In the anxiety attack heavy salivation, profuse perspiration, uncontrolled trembling, dilation of pupils and other signs of panic are often present.

Another syndrome which we have seen and in which anxiety plays a prominent rôle is coprophagia in the first year of life. As we have demonstrated elsewhere (autoerotism) this condition is manifested in children whose mothers show long-range mood swings.

Distressing as the picture of the anaclitically depressed child is, that of coprophagic anxiety is worse. In this condition the children appear to be sitting in a daze. They cannot be interested in anything but in their coprophagic activity. They show a suspicious behaviour, an expression which one is accustomed to see in the disturbed ward of psychiatric hospitals amongst severe paranoiacs.

This concludes the description of the phenomena of anxiety in the first year as we have been able to observe them. We will add a few theoretical considerations.

Theoretical Considerations

Why do the first unmistakable manifestations of *anxiety proper* take place in the third quarter and not earlier? We believe the reasons are structural on one hand, libido-theoretical on the other.

1. *The Structural Reason* [3]

Freud states: 'Anxiety is an affective state which can of course be experienced only by the Ego.' '... the Ego is the real seat of anxiety.' I wish to add from my observations that anxiety proper cannot be produced before the Ego is differentiated from the Id.

No Ego is present at birth; its first outline is laid down and progressively organized in the course of the second and third quarter.

At birth and in the weeks that follow *physiological* states of tension correspond to what later, when the Ego comes into existence, will be experienced *psychologically* as anxiety. Lacking an Ego, the immature personality of the infant cannot deal with these tension states. They are dealt with by diffuse, neuromuscular discharge characterized by the phenomenon of overflow; the overflow in itself demonstrates that the coordinating function of the Ego is lacking.

Before the formation of the Ego psychological tension-states can arise only: from conflict between the drives themselves or between their component parts; from conflict between the whole system and environmental demands or environmental frustration.

After the formation of the Ego a new source of conflict becomes possible, the conflict between the Ego and the Id. This is the stage at which anxiety proper is manifested.

2. *The libido-theoretical Reason*

Psycho-analytical theory claims that the first part of infancy is characterized by the narcissistic stage. Phenomenological and experimental observations confirm and limit this statement to the first three months. During this period environmental perception takes place only in function of the presence of a need-configuration directed towards this perception. The object, which at this period is to be considered a part object, is perceived only in function of the internal need. Therefore this period has to be considered objectless.

The second quarter is a transitional period in which a slow emergence takes place from a narcissistic to a pre-objectal stage. The part objects are organized into pre-objects in the shape of the human partner's face. The laying down of memory traces, the formation of the Preconscious, the first differentiation of the Ego are concomitant, inter-related and simultaneous processes. Once they have taken place object-libidinal cathexes can be directed towards memory traces.

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[3] S. Freud: *Ibid.*, p. 105–106.

Prior to this the pre-objects are interchangeable, for they are lacking in object attributes. Their characteristics are not objective. They are characterized by the capacity to fulfil the exact requisites of a given need-configuration. The objects at this period do not have a face, they have a function.

It is in the third quarter that true objects appear for the first time. They now have a face, but they still retain their function of a constituent part of the child's recently established Ego. The loss of the object is therefore a diminution of the Ego at this age and is as severe a narcissistic trauma as a loss of a large part of the body. The reaction to it is just as severe. Anxiety is the affect evoked by the threatening imminence of such a loss. This affect is produced in a constant flux during the daily contacts of the mother with the child. The child is assuaged when the mother is near it, when it sees her or hears her, it becomes anxious when she leaves it. The repeated anxiety attacks are short-lived; perhaps hallucinations replace the mother during her absence.[4]

Whether hallucination has this rôle or not, the approaching stranger will be confronted with the memory traces of the mother's face. For the face which was the first visual sign by which the child recognized a partner as such remains also the leading perception in the further establishment of the libidinal object. This remains true even for the grown-up.

The approach of a face evokes the child's hope that ' mother is returning '; the stranger's unfamiliar face and gesture destroy this hope by confirming ' this is not mother, mother is gone '. The anxiety which the stranger's approach thus evokes might therefore be a reactivation of the anxiety experienced by the child when mother left it. This conclusion is in close agreement with Freud's assumption that the stranger-phobia of early childhood is a reaction to the danger of object-loss.

This does not explain the question why this anxiety can be so easily overcome by turning one's back on the child. That, however, is now no longer difficult to explain. Reactivation of anxiety because of being left by the mother is in itself not a very serious emotion. To keep it up it has to be nourished by the manifest contrast between the stranger's features and those of the mother; when the stranger does not present his face actively to the child the memory of this contrast will fade, the reactivated affect of anxiety will spend itself.

When therefore the approaching stranger has provoked anxiety in the child by his approaching face, but withdraws the distinctive signal of the face for an appreciable time, the child will be confronted with something which is no longer either its object, the mother, or the proof of the mother's absence, the stranger's face. It is confronted with ' something which moves ' and excites its curiosity. It reaches out and pulls at it to see what it is; it sees a hand and grabs it. When now the stranger cautiously returns his face the child's libidinal cathexis is already engaged and drained in the new activity of which the stranger has become a part. Anxiety, if developed at all, will be fleeting and insignificant.

It is from these modest beginnings that anxiety will rapidly develop, by becoming a signal for the approach of danger situations; situations, that is, in which a break-through from the inside or outside threatens the integrity of the Ego. The anxiety signal for the threatening break-through of the stimulus barrier, that is of the Ego, becomes the most powerful motivating force in human life, the power which organizes the character, the defences, the neuroses.

It is not accidental that at the anxiety signal's first inception we find the threat of a breakdown to the Ego through the loss of its constituent part, the mother.[5] It is not accidental that it is at the same period that we find the first traces of clinically distinguishable psychiatric diseases, each of them motivated by special configurations of the object relations, of that object which is already libidinal object on one hand, but still a constituent part of the Ego on the other. It is at this turning-point of the development that the basic security and the basic insecurity of the child and later on of the adult is laid down. Here is the beginning of so many severe neurotic and psychotic conditions, and it is therefore here that we have to take our stand: *principiis obsta.*

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[4] S. Freud: *Ibid.*, p. 99.

[5] S. Freud: ' The situation in which he misses his mother is not, owing to his miscomprehension, a danger situation for him but a traumatic one, or, more correctly, it is a traumatic one if he experiences at that juncture a need which his mother ought to gratify.' *Ibid.*, p. 155.

APPENDIX

The foregoing paper suffers from the condensation imposed by the time limit usual at congresses. It was felt therefore that some of the more important arguments for classifying as 'anxiety proper' the phenomena of unpleasure at the approach of strangers in the third quarter of the first year of life should be elaborated in greater detail.

Three stages were distinguished in the course of the development in the first year. They are:

(1) Physiological tension leading to diffuse discharge phenomena;
(2) unpleasure responses in the nature of fear to both physical and psychological stimulation, resulting in flight;
(3) unpleasure responses in the nature of anxiety proper.

Our task is to distinguish clearly state No. 2 from state No. 3. For this purpose we propose to discuss in somewhat greater detail our usage of terms, though it conforms essentially with that of Freud.

We call fear the emotion of unpleasure which we experience when we are confronted with a perceived physical or with a perceived psychological *threat*. A prerequisite of this reaction is that the threat be 'recognized' as such. The term 'recognized' implies that the threatening perception has been experienced previously and has led to painful consequences.

In stage No. 2 the physical or, as the case may be, the psychological stimuli which provoke the unpleasure response of flight during the first six months of life are in the nature of a previously experienced, remembered and 'recognized' threat. This involves a certain elementary function of the ego as described by Freud most recently in his article, 'A Disturbance of Memory on the Acropolis' (*Int. J. Psycho-Anal.*, **22,** 1941, and *Collected Papers*, Vol. 5) as follows: '. . . what may be termed the normal method of warding off what is painful or unbearable, by means of recognizing it, considering it, making a judgement upon it and taking appropriate action about it, . . .' Such known and recognized physical experiences are the painful or even simply annoying stimulations to which an avoidance response will be produced. In the psychological field they consist mainly in the infant being left or disappointed by its partner; in other terms in the loss of the love object. In both cases an actual threat, an actual danger is involved. In both cases, physical and psychological, a repetitive experience of this actual danger has conveyed to the infant the 'learning' necessary for the *recognition* of this danger. It is a form of learning which takes place *in analogy* to learning according to the formula of the conditioned reflex.

We may incidentally conclude that one of the very earliest ego-organizations to appear in the course of development is the capacity of learning in analogy to the mechanism of the conditioned reflex. Learning through conditioning is a process which appears already well before any traces of conscious ego functioning can be demonstrated, that is on an essentially physiological level, without involving conscious memory. But around the third month, in the process of establishing the ego (which involves conscious memory) the mechanism of the conditioned reflex is taken over and used in a similar manner, but applied to conscious memory traces. In parallel with this, as I have demonstrated elsewhere, a new method of learning which I called 'learning according to the human pattern' is introduced. It could also be called learning through insight; it takes place through the process of thinking as described by Freud, that is a trial-action with the help of minimal quantities of energy displaced from memory trace to memory trace (Freud, *The Unconscious*, 1915). This then would be another of the earliest ego-organizations to come into being. It represents the prerequisite of the phenomena described in stage No. 3.

Anxiety on the other hand is a danger signal which is produced in certain specific circumstances. The circumstances in question are the threat of a breakthrough of the protective shield against stimuli.

The two situations which characterize fear and anxiety show certain similarities; but while in the case of fear the threat is referred to a conscious memory, in the case of anxiety the danger refers to the unconscious prototype of the experience of birth, in which the whole personality was swamped by stimuli with which it could not deal.

If this concept is applied to the eighth month anxiety we find that the appearance of a stranger could never have been experienced actually as a danger by the child, for the overwhelming majority of our subjects certainly never had any bad experiences with strangers. But just

as certainly they did have a number of unpleasant experiences with their own mothers, as every child must inevitably have them in the course of growing up. Nevertheless the mother's approach was reassuring, but the stranger's approach anxiety provoking for all these infants. It follows that their emotion of unpleasure cannot have been conditioned by their previous experience, by their memories.

We have attempted to explain this unpleasure response to the stranger's approach in stage No. 3 by assuming that the child confronts the stranger's face with the memory trace of the libidinal object. On finding that the stranger is not the object, the child concludes: 'This is not mother, she does not return, I have lost mother!' The stranger's face thus becomes the cue for the apperception of a rising tension between id-demands and inadequate ego-strength.

The id-demands consist in object-libidinal strivings towards the mother, who has achieved the full status of a libidinal object by this age. These libidinal strivings are reinforced by powerful narcissistic needs. For at this age the mother has still a two-fold function: although she has already become an actual libidinal object, she is still a complementary part of the infant's immature ego. Her loss thus involves the participation of a much larger part of the infant's drives *and* of its still immature personality than would be the case at a later age. The loss not only frustrates its libidinal needs, but also threatens its total system of security. It actually is a vital threat and experienced as such.

This is an internal perception; the threat is to the ego. It is the internal threat that the ego will be swamped by uncontrollable stimuli with which it cannot deal; it is the threat of a breakthrough of the protective shield against stimuli, in analogy to its prototype in the trauma of birth. It is this aspect of the fear of strangers in the third quarter of the first year of life which made me feel justified in qualifying the phenomenon as anxiety proper, as a danger signal.

BASIC PSYCHIC STRUCTURE OF THE OBESE[1]

By ARNALDO RASCOVSKY, MATILDE W. de RASCOVSKY and TEODORO SCHLOSSBERG, Buenos Aires

The personality of the obese is psychologically interesting in many ways. In spite of their notorious relationship with the mania which produces their more commonly known physical aspect, psychologically they have been singularly neglected. Nevertheless their more pleasing oral characteristics often appear in caricature and the plastic arts, as also on the stage and the screen. Falstaff, Pantagruel and Sancho Panza are well-known examples. On the other hand we find the exaltation of this highly esteemed oral type in the extension acquired by its myths: Tammuz, Astarte, the Virgin and Child, Buddha, etc., are manifestations of this deification.

In partial studies which we have made public on various occasions during the last ten years, we have demonstrated psychogenic and psychodynamic apsects based on extensive research work undertaken on obese children and adolescents and on the psycho-analytical investigation of obese adults.

Two psychic mechanisms which produce obesity can be noted: that of primary obesity, resulting from the organization of an intense oral ego, and that of a reactive obesity, springing from an attempt to restore a basic depressive situation, that is to say, a form of manic recovery. Contrasting with the good adjustment in general of the primary type, the depressive-manic falls within the type known as neurotic obesity. In the case of primary obesity, satisfaction refers to an actual situation combined with an effective capacity acquired by the ego through its identifications. The manic reaction, in contrast, is based principally on an underlying melancholic situation and tends to phantastic satisfactions that have little contact with outer reality. It is a compensatory substitution for repeated frustrations whose representations are based on the super-ego. The ego is temporarily in charge of the identifications of the super-ego, and incorporated food becomes identified with the breast, originally deluded. The identifications in primary obesity, as they are part of the ego, are permanent, and therefore are associated with an actual breast.

The manic reacts against his intense oral super-ego. In primary obesity the super-ego is tyrannical in the anal-sadistic and genital period, therefore the ulterior relation of dependence will often produce the obsessive situation.

Analytical investigation proves the intense development acquired by the oral ego in the obese person, which allows for his instinctive expressions to reach their maximum effective capacity at that level. This intense development of the ego in the oral stage corresponds to a weak ego in the following stages. The super-ego undergoes a parallel and antagonistic development—a frank consequence of the ego in the oral period, it takes on an overwhelming and intensely forbidding meaning for the weak ego of the later periods.

We will deal, in the first place, with an exceptionally clear-cut case. It concerns an obese youth whose basic mechanisms were stressed in an uncommonly marked form.

It is hard to find a study of the profound psychodynamics combined with such an evident conscience in someone who is not psychotic, especially concerning his tremendous sadism towards his primary objects; mother, sister and father.

Manuel was a heavily-built boy and frankly obese. His outer appearance was neat and he spoke in a prim, careful manner. He walked heavily, with slow, stiff-legged gait. Nineteen years of age, he was an engineering student, and had only one sister two years younger than himself.

In our first interview he stated the cause of the great anguish which had moved him to undergo psycho-analytic treatment. One afternoon while he was working for his diploma, he

[1] Paper read at the 16th International Psycho-Analytical Congress, Zürich, August, 1949.

heard his mother in the next room and felt an intense desire for sexual intercourse with her. He attempted to reject the thought, burying himself in the work he was doing, but the more he struggled against it the stronger and more urgent it became. They were alone at home; his father was on a trip, and his sister had not yet returned from school. He tried vainly to divert his thoughts to other matters, but the idea dominated him. Suddenly he underwent a change; he no longer desired his mother sexually, he wanted to kill her, to destroy her, according to his statement. In desperation he decided to flee from home. He left town in search of his father and confessed to him what he had felt. From then onward these impulses persisted, but now not only regarding his mother, but also his father and sister. His criminal desires were the strongest, including those of suicide. He then referred to his faint-heartedness, his timidity in facing issues, his fear of leaving home, and the constant strife ever present between himself and his father, a man of totally different character. Manuel's father was an engineer, fifty-one years of age, working as a land surveyor, which obliged him to travel frequently. An extremely sarcastic and ironical man, he grumbled at the inconveniences of modern civilization and admired strength and direct contact with nature. He kept his family under an iron rule, within his obsessive structure.

When Manuel was two years old, he had gone to Italy with his mother and sister and stayed for four years with his mother's family. Those were the happiest years of his life. When he returned to Argentina he remembered his mother pointing his father out to him because he no longer recognized him. He readjusted his life with great difficulty, as he had forgotten his Spanish. They lived completely alone at home, cowed by the father's sadistic attitude.

His school years were mortifying because of his intense inferiority in competition with his companions. He remembers having passed whole vacation periods voluntarily confined to his house, spending his time reading or studying music, of which he was very fond.

A year before the appearance of his present symptomology he had undergone an operation and had his tonsils removed. His weight increased in a few months by 20 kilograms.

His obsessive manifestations and compulsions had urged him towards analysis. But during its course we were able to see the origin of the obesity which hid his primitive object relations with his mother and the forms which he had adopted to canalize aggression.

His identifications with his father were scarce and had appeared late. They referred also to higher levels which meant little to the structural process. We should remember that from the age of two till six he had lived without his father, and that his two immediate objects were his mother and his sister. In spite of having adopted his father's career and other attitudes of his father, the basic aspects of masculine activity were absent. He perceived his inability and clumsiness in competing with his companions. He would complain that his father demanded this competition of him, but had never helped him to gain the necessary ability by his own example in the first place.

While his relations with his father were a constant succession of prohibitions, his oral relations with his mother were at the opposite extreme. Not only did he live in close contact with her during his visit to Italy, but during his father's business trips he slept in his mother's bed and she maintained a frankly seductive attitude towards him, caressing and exciting him, biting him and rubbing him against her, while she repressed any genital attitude on his own part. It was like a prolonged tolerance of his primitive oral relation. The restrictions imposed by his super-ego on his weak ego in the plane of his dependence on his father forced him to keep up a rigid obsessive attitude, which, with the first traumatic situation, the tonsillectomy, became unbalanced and dragged him into regression.

He abandoned the last stand internalized in his super-ego—the father—and returned to his original position, turning on his mother all the aggressive content of his primitive cannibalistic situation. But as the ego felt capable of accepting the instinctive situation, having eliminated in this plane its coercion by the super-ego, he flew in search of his externalized father, in order that he might help him to limit his overflowing id, powerless as he was to cope with the impulses he had once satisfied completely with his mother and which at that moment threatened him with the triumphant destruction of his real objects.

The most dramatic process observed in the course of this analysis was the clear perception of the overflowing aggressive tension, flooding his ego. He perceived his mounting aggression accumulating helplessly in his impotent muscles,

threatening to destroy him. In one session, after having made conscious a dream in which he eliminated the analyst (his mother), his vivid necessity to destroy carried him to heights of extreme physical tension and an almost uncontrollable impulse to carry out the annihilation of his phantasy. He felt then that the action was checked through his muscles and that he seemed to swell to bursting point like a balloon.

He had been unable to develop the mechanisms to express and socialize this aggression at a more mature level, and stated: ' During the school year I never had any visitors; I had no contact with my companions. They were clever at games, but I never left my home yard, nor did I know what sports were. At school I practised physical exercises in terror because the teacher sneered at clumsy pupils and ridiculed my heaviness and clumsiness, as did my fellow-pupils. It was a nightmare for me to attend those classes. I would arrive panting at the games field after having walked fifteen blocks. I never took any form of transport because my father would have laughed at me. All my companions admired the teacher, I detested him as a brute, and also, while he never taught, he demanded of us things he had not taught. His manners were gross and violent and he would not tolerate the slightest defect. I would return home completely worn out, which pleased my father immensely.'

When he was older, he was allowed to make a few cycling excursions with school companions, but although he started out full of enthusiasm and pleasure, he would end up feeling frustrated; he would say: ' I was so unaccustomed to freedom that I soon tired of it, I longed for home, a guide, a tutor, I wished to return home, I suffered from organic disturbances, headaches, sickness, constipation and a sort of ill-humour. I could not distinguish whether the sickness was psychic or physical, or what it was I felt when I left home.' His association with his companions filled him with homosexual ideas and sensations which he described by saying: ' The feeling of having a man beside me filled me with the intention to kill, as if to free myself of something, of a danger or a fear. . . . I remember, and I don't know if this has any relation to homosexual tendencies, that when I was younger I thought I had certain moral and physical feminine characteristics. . . . I would brood over the jokes my companions made when I undressed, at the disproportion of my hips in comparison to the rest of my body, at my refusal to talk of sex, and as I was so bashful, I was the butt of all jokes of that kind. I felt like a woman among them. . . . They would say ' He never goes with women, so he must be a homosexual or castrated,' and I do not deny that I suffered so much from the influence of these opinions, that when I undressed in front of them, I felt the same apprehension a woman might feel near men whom she distrusted. . . . I was afraid they would abuse me.' His feminine identification also acquired a similar somatic intensity which he described thus: ' Knowing there were people with both sexes, I began to feel feminine sexual sensations. When I studied anatomy I learned the position of the genitals and I knew exactly how the feminine genital apparatus functioned and the position of the ovaries, and sometimes when those ideas assailed me, I would feel pains in my abdomen as if I had those organs there, or similar sensations such as I imagined a woman would have with sexual desire. When a man is sexually aroused it may be a vague feeling, or it may be localized in the penis, but I felt a kind of tickling in my intestines where my ovaries were.'

It was evident that owing to his complete inability to confront his companions, substitutes of his father, through the corresponding homosexual identifications which he lacked, he had to recur to his feminine identifications which placed him on a passive plane before them. But on the anal-sadistic plane, the inflexibility of his super-ego prevented a sufficient instinctive acceptance, and when this became strong, he must needs expel the repressive instance, and returning to the primitive ideal ego, would find the full aggressive predominance of his oral situation regarding the maternal object. If to defend his instincts he had to expel his internalized father, now, to defend their object, his mother, he fled in search of him.

He wavered thus, between his potent and criminal oral position and his weak and submissive anal position. He developed an intense religious feeling and obsessive manifestations of great intensity. Even so, he would be charged by paranoic tints when these methods were insufficient. By means of his paranoic and obsessive defences, he was able to counterbalance his situation neurotically, until the surgical act; then his ill-resolved instinctive increment revived and set back regressively his oral situation. His oral expressions acquired a dramatic compulsion. He imagined masturba-

tions brought about by the vision of a monster opening its jaws or with fellatio of his own penis in church with simultaneous flagellations. Sexual organs would appear as sugar and cakes and an urge to destroy would make his hands twitch. For many months when he sat down to a meal, he would feel the knife near his hand as an invitation to drive it into his mother. He watched himself constantly, finding different mechanisms of undoing and isolation in order to defend himself. When he was nervous, he would constantly bite his cheeks and say to himself that it was necessary for him to bite a human being; then he would accuse himself of depravation and cannibalism. In church he would imagine that the priest was a violent man, shouting and insulting. He associated the mystery of the conversion of wine into blood with his own image in the pulpit, avid for blood, thirsty, drinking it. These fantasies were mixed with other sexual visions where eroticism faded before the magnitude of sado-masochistic tensions. He often remarked that after having eaten he felt the necessity of satisfying an intense desire, to continue eating, but no matter how much he ate he was not satisfied.

In synthesis: An over-protective mother who limits all his activities at first, extra-maternal, later extra-familiar, linking all his satisfactions to herself and the food which represents her. After two years a sister is born who reinforces his feminine identification and mother fixation. On the other hand, a negative father, absent first, and later behaving with such strictness and lack of love as to make masculine identifications impossible. Changes of surroundings and difficulties of adaptation increase the conflict. All psychosexual development is limited also by the fact that he cannot displace outside the home, his intrafamiliar contact, based fundamentally on the primitive limitations imposed on him by his mother. The sadistic attitude of his father and that of his teachers or companions is upheld by the original maternal prohibitions regarding all physical activity, as also regarding genital and masturbatory activity.

We have been able to point out, in all these cases, the existence of a constant constellation of internal and external situations which typify the picture and which satisfactorily explain the conditions which produce this development in personality.

The psychic conditions of the obese, when expounded in this way, reveal a simultaneous and very noticeable expression of psychosomatic development. We should understand the psychosexual development of the child, involving the organic variations of his development (growth and maturity) and their ruling conditions. We have learned that the ruling urge in this evolution is anxiety, originated by frustrations in the first oral phase, whose store of energy provokes the development of more complex forms of expression. The intense active canalization of the primitive ego in the obese is a very important factor in the later evolutionary deficit. Thus the adequate expansion of tension required by a balanced oral satisfaction and frustration is excessively satisfied, unbalancing the necessary stand required to prompt the development of the ego in later periods. In this basic sketch, we presuppose the evolutive scheme to have taken place within the known concepts of genetic continuity and transitional links. All the positive aspects of the obese man which confirm his good contact with reality take place in the oral period, in his exaggerated dependence on his mother, in his later identification with her, in extreme tolerance, stimulation and excellent means of obtaining satisfaction by techniques proper to this period. The counterpart of this situation in this period is represented by the lessening of the necessary frustrations and identifications which constitute the first basis of the super-ego. At the same time we notice that the fundamental element in the home set-up of the obese consists of an over-protective mother or substitute who bestows an exaggerated cargo of affection on the child owing to her lack of sufficient contact with other objects, specially on a genital plane. She prolongs excessively her primitive relationship with her son and simultaneously prevents his liberation or passage to the following periods. She imposes on him a reality circumscribed to herself, and promotes the organization of an oral ego in all its strength. This situation is lived by the individual as a reality which always provides him with milk, breast, food, and later, as a mother who encourages him to overcome any frustration by eating, while she simultaneously limits his efforts to stand up and to walk, to conquer space, and in general his psychomotive activity involving the more integrated systems of expressions of aggressivity.

Externally the absence of the father increases the difficulty of identification with him. This absence also prevents the interaction between unconscious representations in the super-ego

and the real object. There is no transition to relationship with the father to balance the identifications in the ego and the super-ego. In all our case histories, there are long periods in which the father, for different reasons, does not share the child's life, or favour by his presence or activities the balance of cathexis with his mother. This acts in two ways: in the first place, it does not subtract from the mother the corresponding affection with which she overloads the child. In the second place, it does not attract the child, who then maintains this excessive affection for his mother. The identifications in the ego are then connected for overlong periods of time with the mother, and when the figure of the father intervenes, they are difficult or impossible to supplant or abandon. Therefore, the identifications with the father are hard to reach because they did not take place at the regular time. The weak ego of the anal-sadistic period, weak because of its insufficient identification with the paternal image or substitute, becomes totally dominated by the father, whose representations are exaggerated in the super-ego. And in the same way as the initial representations of the oral ego were exaggerated, in this second period, the super-ego is the seat of this excess, and all the feasible aggression brought on by the ego in the oral plane passes predominantly to the super-ego in the anal-sadistic and genital plane, which judges the impotent ego. In the primitive object relation, the nipple-penis evolution is considerably delayed at the expense of an excessive and prolonged incorporation and identification with the breast. The enlarged feminine breasts and hips and the small penis complained of by the obese are the clearest somatic evidence of this situation.

The limitation imposed on the development of the more mature forms of sadistic expression keeps the obese always full of anxiety and with an ever-increasing voracity for food, because the oral capacity for canalization is always insufficient to satisfy their increased instinctive demands. It is quite common for them to develop an anxiety neurosis or diverse phobias. In all events, the oral mechanisms constitute for the obese the best psychic solution for the conflict which creates in them the intense aggressive accumulation. That is why it is common to find that the enforcement of a restrictive diet accentuates their melancholic or obsessive situation according to the organization of the ego in its different levels.

The obsessive situation serves them for a defence to socialize in many instances their cannibalism and intense destructive urge, because the internalized oral prohibitions are insufficient.

Here we have one of the basic conflicts of the obese person: he tends to resolve the frustrations encountered in daily life by devouring his opponents. When this cannibalistic attitude reaches a certain intensity, owing to his real subjective possibility, he gives up and passes on to the following obsessive situation of submissiveness. Another mechanism which we have mentioned consists of the phobic displacement of the primitive object of aggression.

The potential capacity of the ego in the oral plane gives him an excellent opportunity for adaptation and effective external aggression, in sad contrast to the ulterior impotence, which condemns him in the anal and genital plane to delegate all instinctive aggression on the super-ego, which becomes increasingly tyrannical the greater the difficulties encountered by the ego to work through. All the objects identified in the super-ego are charged with more terrifying content by the frequent real absence of the paternal object. In the case we have described, although the tardy appearance of the sadistic father seemed to justify the masochistic subjection to the super-ego, it is evident that his phantasy was even more cruel than the father was in reality, and the relative similarity was only a favourable factor to connect him with reality.

These evolutive relationships between the ego and super-ego of the obese were clearly expressed by Shakespeare. That is why, when the Prince of Wales speaks to Falstaff, then his friend, he says kindly, in the course of a friendly conversation:

PRINCE HENRY: 'Thou art so fat-witted, with drinking of old sack, and unbuttoning thee after supper, and sleeping upon benches after noon, that thou hast forgotten to demand that truly which thou wouldst truly know. What a devil hast thou to do with the time of the day? Unless hours were cups of sack, and minutes capons, and clocks the tongues of bawds, and dials the signs of leaping-houses, and the blessed sun himself a fair hot wench in flame-coloured taffeta, I see no reason why thou shouldst be so superfluous to demand the time of the day.'—

(*First Part* of *King Henry IV*, Act I, Scene II.)

But some time later, when the Prince has become Henry V, his attitude regarding Falstaff

was that of a cruel and tyrannical super-ego which censures him, saying:

KING:

'I know thee not, old man: fall to thy prayers;
How ill white hairs become a fool and jester!
I have long dream'd of such a kind of man,
So surfeit-swell'd, so old, and so profane;
But, being awaked, I do despise my dream.
Make less thy body hence, and more thy grace;
Leave gormandizing; know the grave doth gape
For thee thrice wider than for other men.
Reply not to me with a fool-born jest:
Presume not that I am the thing I was;
For God doth know, so shall the world perceive,
That I have turned away my former self;
So will I those that kept me company.
When thou dost hear I am as I have been,
Approach me, and thou shalt be as thou wast,
The tutor and the feeder of my riots:
Till then, I banish thee, on pain of death,
As I have done the rest of my misleaders,
Not to come near our person by ten mile.
For competence of life I will allow you
That lack of means enforce you not to evil:
And, as we hear you do reform yourselves,
We will, according to your strength and qualities,
Give you advancement.—Be it your charge, my lord,
To see perform'd the tenour of our word.'

(*Second Part* of *King Henry IV*, Act V, Scene V.)

WAR AND PEACE AS A PSYCHO-ANALYTIC PROBLEM [1]

By OSKAR PFISTER, Zürich

So far psycho-analytical research has greatly neglected the problem of war and peace, though such research is indispensable for the purpose of investigating and influencing the underlying crucial psychic motives, viz. those that are unconscious. As long ago as 1913 Freud himself was inclined to take a dissuasive attitude towards this subject, and even at the end of his career he declared himself incompetent to express practical views on the problem of avoiding war. None the less, he made an important pioneer contribution in the sphere of depth psychology and the treatment of these problems which are at the very heart of the general interest of mankind. From his very cautious approach to this problem he expected considerable success.

In the first part of this paper it is the writer's intention to follow up Freud's objections to a theoretical and practical psycho-analysis of war motives. To the questions: Why war? and, What is its specific origin? the creator of psycho-analysis provides the most far-reaching answer in his conception of the innate aggressive and destructive cruelty- and death-instinct, Thanatos. While fully acknowledging this reduction, it is incumbent upon us carefully to examine these instincts with reference to their essence, source, typical characteristics and efficacy.

In those cases where a war is fought with the utmost reluctance and in self-defence, to save life itself as well as the necessities of life, it would seem that the destructive instinct can be attributed only to the aggressor. Even so, it would be the task of psycho-analysis to inquire whether this assumed position of emergency may perhaps have been built up as a pretext for war under the influence of unconscious aggressive and destructive wishes. Furthermore we must bear in mind that many aggressive actions do not have it as their conscious aim to liberate, to create happiness, to substitute something new and better for something insufferable, tormenting, and destructive that has gone before. It would not be right to question the good intentions behind many wars fought to obtain better political conditions, better economic systems, better ideologies, more human rights, and so on, even if the end-result of these wars in no way conforms with those good intentions. What is more, behind the pure, noble, conscious motives for war are often hidden unconscious hate and death wishes which can be dissolved only through analysis. An Irishman whom I had in analysis some twenty years ago considered a war on the part of his people against England as regrettable, yet unavoidable as a means for liberating the Irish, and at the same time for the welfare of the English a necessity which could not be circumvented. Analysis showed that his political war needs were associated with England as the representative of his strict father and with Ireland standing for his intensely loved mother, whose marriage was an unhappy one. Thus, the war idea aimed at a divorce of the parents.

Analysis has furthermore the task of ascertaining how far innate instinctual tendencies, such as aggressive and querulous sadistic wishes, are reanimated and reinforced hate manifestations brought to the surface through experiences in a sadistic family environment. It has to show, concealed behind reactive pacifism, the hostile aggression which continues to be a danger and which can break out in a manner inimical to civilized society. But it would be foolish to suspect such peace-lovers as Tolstoy, Gandhi, Toyohiko Kagawa or Albert Schweitzer of unconscious destructive instinctual tendencies motivating their great love of peace and their civilizing work.

The war motives of secondary importance enumerated by Freud—covetousness, ambition, vindictiveness—have to be examined with reference to their structure and origin. Often they have to be shown to be unconscious

[1] Paper read at the 16th Psycho-Analytical Congress at Zürich, August, 1949.

effects of obscure object permutations, recent projections and introspections, identifications, derealizations, in order to break the evil spell.

A special task awaits psycho-analytic group analysis in the study of hate between nations, races and classes. This hatred is strongly inclined to create a kind of war-mongering mythology which runs counter to facts. This in turn leads to aggression, a ready belief of calumny, painful discoveries and gibes, all of which kindle hate into intolerance and the war passion into a devastating fire.

The second part of this article is concerned with Freud's theory of Eros, opponent of the destructive instinct and as impervious as its foe. Eros creates life and aims at uniting those who are hostile to each other. It furthers civilization and therefore has as its most important task the protection of peace. Thanatos and Eros are waging a constant battle, and, as Freud points out, it is not possible to foresee the result of this strife.

Freud rejects the idea of a general love of mankind because not all people are worthy of love. Against this, however, it may be pointed out that many wise men of many races consider the cultivation of brotherly love, goodness, forgiveness and supporting help towards those who are unworthy as the culminating point of their ethics. This alone, in their opinion, can put an end to the horror of ' all against all ', and remove the danger, which Freud has pointed out, of the extermination of mankind.

Freud's anthropological basic ideas lead us beyond the analytical to an ethical point of view, which, while fully recognizing and carefully using psycho-analytical knowledge, urges us on towards a synthesis of philosophical and religious standpoints, in order to replace those standards which Freud rightly denounced by valid ones which can withstand criticism and do justice to the meaning of life. The various remarks made by Freud on this head, which must be gratefully acknowledged, are the most important complement to his analytical teaching. He stresses the need for a change in the relationship between nations, the necessity for them to learn to know each other better, to understand their hate so that they may dissolve it. He mentions the overestimation, to which we have already referred, of fictitious, totally delusive life values and the underrating of inner endowments. He lays special stress on the importance of an education which avoids all that is hostile and brutal while furthering true humaneness in the sense of love of mankind.

Prominent followers of Freud such as Hans Zulliger, Heinrich Meng, Paul Reiwald, Arthur Kielholz, André Repond, Ernst Schneider and others, by consistent furthering of education as well as other allied branches of civilization, have built on the foundation laid by the master. For this all credit is due to them.

Freud wished his contribution towards the furtherance of peace to be understood in terms of a preliminary investigation. This he carried out with the aid of an incorruptible desire for truth, with the modesty, sense of reality and humaneness which mark all his life work. He is urged on by a great concern for the welfare of humanity. As a means of solving the problem of war he has put depth psychology at the disposal of that science of which he was a creator and a master.

Both science and disposition are needed here, for even the best disposition without science remains blind, just as without a strong, incorruptible disposition the most scientific approach lacks force. Truth brings liberty.

In Freud's approach we find, however, unconditional veracity in unison with a love for mankind all the more powerful for being free from sentimentality. Logos and ethos are here wedded in the highest sense.

(*Translated by C. D. Gomperz.*)

PSYCHO-ANALYSIS AND THE FORM-INTERPRETATION TEST[1]

By HANS ZULLIGER, Ittigen, Berne

Certain Rorschach responses are of interest to the psycho-analytically-oriented Rorschach worker in that their content seems to be a symbolic representation of unconscious mental processes. These responses appear to represent wish-fulfilments in the same way as dreams and symptoms, and are often extremely well constructed from the raw material of the blot.

The interpretation of such symbolic content in addition to the classical Rorschach assessment of the test-results affords a deeper insight into the subject's unconscious mental life. The investigator should be careful, however, not to interpret these responses purely by analogy with dream material, and to guard against the temptations of ' wild ' psycho-analysis. Both the Rorschach and the Behn-Rorschach (Bero) blots [2] should be used, for it has been found that subjects will follow a certain ' inner sequence ' in their responses to each test. Information from one test will confirm and supplement the findings of the other. In addition the Z-test [3] has been found useful in supplying indications of underlying complexes.

If the subject has established a good transference relationship to the investigator, then it may be possible to probe a little further, and careful questioning may elicit relevant information directly from the subject. Often, too, his relatives can be helpful, though the best validation of the test findings would come through the psycho-analysis of the subject.

Even in those cases where the investigator is asked for advice and guidance, and not for an extensive psychological report, such an analysis of test content will materially assist him in understanding the patient's difficulties, and will therefore enable him to give more appropriate advice.

I should like to show, with an actual example, the value of psycho-analytical investigation of certain response contents, over and above the usual formal Rorschach interpretation. The case is one of a fifteen-year-old girl, whom we shall call Edith, and who was in a class being tested for control purposes. She gave the following unusual and interesting responses to the Z-test.

Z-Test Card I: ' This is a woman, lying on her back, with her knees drawn up, and she has on a bathing-costume torn at the bottom.'

This response refers to the whole picture. It was determined by a sort of kinæsthetic empathy rather than by form, and it is possible that some sort of confabulation (in the Rorschach sense) plays a part. This response is not only scored as an Original, but is also what Rorschach termed an Individual response; that is, one which could have come only from the one particular subject. Rorschach (himself a psycho-analyst and a member of the Swiss Psycho-Analytic Society), has shown that such responses invariably indicate underlying complexes.

Z-Test Card II: ' That is a kissing couple, and costumed children are watching them. There are rocks in front.'

This response was given to the whole picture, and was determined by kinæsthesis rather than form. Although a kissing couple is not infrequently seen, the fact that costumed children are watching them makes it extremely unusual. Further, the whole picture is seen in perspective. ' There are rocks in front '—therefore the human figures are pushed into the background. The complete response, being so unusual, tends to be an Individual response.

Edith is a physically mature, strong, healthy, but somewhat clumsy girl of medium build. She is the eldest child of a poor working-class family, and has a brother of nine and a little sister of seven. She was conspicuous in school

[1] Paper read at the 16th International Psycho-Analytical Congress, Zürich, August, 1949.

[2] Rorschach, H.: *Psychodiagnostik*. 6th ed. (Huber, Berne, 1948.) Zulliger, H.: *The Behn-Rorschach Test*. 2nd ed. (Huber, Berne, 1947.)

[3] Zulliger, H.: *The Z-Test: A Method of Form-Interpretation for the Psychological Investigation of Groups*. (Huber, Berne, 1948.)

for her shut-in, rather dreamy manner. She daydreamed in class, and usually wore a rather sweet expression, though it would occasionally give way to a tense look. She would then look fixedly into the distance, as if she saw something there.

Edith's unusual responses to the Z-test prompted me to give her the Rorschach and Bero tests as well. She willingly agreed to be tested, for although she is a reserved child, she has always trusted me, probably because her mother was once my pupil and was still well disposed towards me.

Apart from the numerical results of these two tests (which agree fairly well), a number of responses provided a good deal of insight into the motives behind her daydreaming. These responses are:

Rorschach Card I: ' Two dwarfs, watching a woman dancing with only a light dress on.'

This response reminds us of the one given to Card II of the Z-test. There costumed children watching a kissing couple were perceived. The Rorschach response showed a considerable awareness of the light-dark nuances of the blot, and she uses this shading, seeing the picture in perspective. It is noteworthy that the dwarfs, like the children in the Z-test, ' watch ' the woman.

Rorschach Card III (upside down): ' There I see a street, with two trees at the back, and in the centre is a hole.'

The white space between the black blots is seen as a ' street ', part of the black blots as ' trees ', and the space in the centre as a ' hole '. Again we may note that perspective enters into the perception.

Rorschach Card IX: ' Down there is a fire, above it is greenish smoke, and above that the flames break through again.'

Like the first two responses, this one arises from a combinatory process. It is determined largely by colour, and is the only CF response [4] given by Edith. It normally indicates impulsivity, but this is opposed in Edith's case by so many Movement responses that it is paralysed from inside and cannot find expression. It is the symbolic content of this card, however, which is the most interesting.

Rorschach Card X (blue on outside right): ' A fat man holds a little thin woman close to him, and has lifted her up while dancing and kisses her.'

Once again we meet the people kissing. It is a sharply-perceived Movement response, and is both Original and Individual. Similar responses were found in her Bero protocol.

Bero Card III: ' Two children crouching, looking at two little animals, who are about to attack each other.'

Bero Card IV: ' This is a man dressed in a white coat—his arms are wide outspread and he comes along on his knees in a sinister way.'

Bero Card VI: ' This is an animal, with outstretched paws and feet, and which lies on its back.'

Edith points to the upper extremities when she says ' paws ', and to the lower when she says ' feet '. It should be added that in the German spoken in Bern, the term ' paws ' is often used for hands. In particular, children's hands are often referred to as ' paws '. As Edith uses two expressions in the same response, i.e. ' paws ' for the upper, ' feet ' for the lower extremities, we may assume that she really sees a human being in the blot, or else endows the animal with human characteristics. An animal has either four paws or four feet, never two paws and two feet, and indeed the similarity between this response and the woman (in the Z-test) who was lying on her back is striking.

Bero Card VIII (yellow): ' Here I see two beetles or little animals who are playing with one another, or attack one another.'

Bero Card IX (sideways, top brown): ' There is a woman in a little boat, which rolls over the waves, and she has a veil fluttering from her head.'

If the content of these responses is examined psycho-analytically, in a way similar to the analysis of dream symbols, then it becomes apparent that Edith is under the sway of powerful sexual phantasies, and that these could be the sources of her dreamy personality.

A number of responses indicate Edith's sexual curiosity—costumed children watching a kissing couple, dwarfs watching a dancing woman in light clothing, and crouching children

[4] Colour is the primary determinant of the response, form secondary.

watching two little animals playing with or attacking each other. We may ask whether Edith has had the opportunity to observe love-making in real life. Does she repeat, without being conscious of it, scenes at which she has eagerly played the part of spectator?

The response, ' There I see a street with two trees at the back, and in the centre is a hole ' may well hide a reference to her own body, for we know that in dreams landscape is often a substitute for physical topography. Does not the description of the woman on her back with her knees up and the animal lying on his back with outstretched paws and feet apply directly to the position of the woman in coitus?

Edith sees costumed children or dwarfs watching the couple or the little animals, but later she says ' There I see . . .' It is clear that Edith really means herself when she speaks of children or dwarfs. But why did she make this substitution? It suggests perhaps that Edith was doing something she should not have done. Her perception of the man dressed in a white coat with arms outstretched and coming along in a sinister way hints strongly that she has seen the sexual act, and her response of the woman rocking in the boat would be explained by this. Who are the woman and the sinister man? Has she made observations in her parents' bedroom?

Her own repressed passion seems to burst through in the response of the ' street . . . two trees, and . . . a hole ', and her perception of the ' fire and flames '. She sees a little thin woman held close by a fat man who has lifted her up while dancing. Which father does not call his daughter ' little woman ' in play? Behind this response of Edith's is probably hidden a memory or screen memory for desired sexual play.

The partner is missing in both the picture of the woman with her knees up, and that of the animal lying on its back. Perhaps we have a reference here to the mother waiting in vain for the father, who is enjoying himself dancing with his little daughter, hugging her tight and kissing her. Have we not here the female Œdipus complex?

If an ' inner succession ' can be established so accurately in the test-protocol, then the above interpretations are by no means improbable, especially if we remember Freud's statement that self-betrayal shows from every pore.

After evaluating the tests, I had a chance to talk with Edith's mother. She told me, in short, that Edith slept in her parents' bed till the birth of her brother. She slept either behind, against the wall, or in front beside the father. Apparently the parents always waited till she fell asleep before they had sexual relations. Later, when she was older, they rented two more attic rooms in the same house. Edith slept in one, while in the other was put an adopted boy two years older, a son of a relative of the father. When Edith was fourteen the parents had to intervene because the boy wanted to play with her in a sexual way. Edith is the definite favourite of the father, while her mother spoils the younger brother. Edith is kind to her siblings and enjoys playing the rôle of the ' little mother '.

With her mother's consent I interviewed Edith. She admitted, without much reluctance, the sexual play with the adopted brother, and did not display much remorse on that account. She then told me a ' secret '. About a year ago she eavesdropped on the adopted brother in a little wood not far from her home, while he was having sexual relations with a girl from the village. I was the first to know her ' secret '.

This material substantiates the psycho-analysis of the test-responses. If we take into account the classical Rorschach assessment, we may conclude that erotic factors play an unusually large part in Edith's fantasy life.

Not all test protocols permit of a psycho-analytic evaluation, for not all contain individual responses. Yet such responses may be found in every age group, in the boy of eight as well as in the sixty-year-old woman.

Edith's admission of her sexual play and the disclosure of her ' secret ' to a trusted person and father-substitute, were enough to cause a marked improvement in her behaviour in school. She took a livelier part in the lessons, showed a greater initiative, and her fixed and distant look disappeared. After leaving school, and a year in France, she adjusted quite successfully as a children's maid.

The decisive talk was a direct result of psycho-analytic insight into her test responses, though doubtless its effect was largely determined by the good transference to her teacher. The talk increased this to such an extent, that the change in her behaviour could take place.

Edith's tendency to see things in perspective indicates her desire to keep her distance, to move into the background—to repress. Yet in the interview she admitted something of which she had not been conscious, and which she did not want to admit. We are reminded of

Reik's [5] work on *Geständniszwang und Strafbedürfnis*. The confession of her ' secret ' had a cathartic effect.

The insight gained by the investigator through the interpretation of the responses to the Form-interpretation tests, enables him to give direct advice to the patient or his relatives. Unfortunately Edith's case does not illustrate this, although her material shows convincingly the symbolic content of Individual responses and their origin from the dominating complex. I have shown elsewhere how psychological and educational advice may be given, based on the psycho-analytic findings of the Form-interpretation test.[6]

I hope to have demonstrated here that the fullest use of the Form-interpretation test can come only through a thorough acquaintance with Freud's teachings.

(*Translated by Joseph Sandler.*)

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[5] Int. Psychoanal. Verlag, Wien, 1925.

[6] ' Tiefenpsychologische Erlebnisse eines Rorschach- und Behn-Tests bei einem 15½ jährigen Mädchen ', *Z. f. Kinderpsychiatrie*, Vol. 15, No. 5, Basle, 1949.

' Der statische, der dynamische und der tiefenpsychologische Befund bei der Interpretation des Formdeuttests '. *Psyche*, Vol. 3, No. 4, Heidelberg, 1949.

ORAL AGGRESSIVENESS AND EGO DEVELOPMENT[1]

By W. HOFFER, London

The assumption that little progress in our knowledge of early infantile life can be expected from mere observation can easily be proved erroneous. Psycho-analytic hypotheses which have not yet been put to the test can still be used as starting-points for further observation and research. Chance experiments which nature itself from time to time provides have proved fruitful. Guided by a scientific method, such as, in our opinion, psycho-analysis is, we shall see more in infants and children and know more about them if only we make the attempt to do so.

Thus, on the basis of infantile finger sucking it has recently been suggested that the mouth-hand relationship enables us to visualize the route by which the growing ego travels when developing from the primitive mouth-ego to the more mature body-ego. This may also make accessible to direct observation the process of differentiation of the ego and the id (W. Hoffer, 1949).

In the present investigation a similar line of approach will be taken to another problem of contemporary psycho-analysis. Once again, by using an observation on oral behaviour some light may be thrown on the relation of oral aggressiveness and destructiveness to early ego development.

The observations to be referred to were made under the favourable conditions existing in the Hampstead (War) Nurseries and with the encouragement and support of their Directors, Dorothy Burlingham and Anna Freud (cf. Dorothy Burlingham and Anna Freud, 1943).

Observation[2]

In December 1941 an infant girl, three and a half months old, was admitted, together with her mother, to the residential Hampstead (War) Nurseries and stayed there—with one interruption of nine months' duration—until the age of three and a half. She was the illegitimate child of a manic-depressive mother and an unknown soldier. On entering the nurseries the baby was breast-fed, and so continued until ten months old. For some periods the attempt was made to substitute a bottle for a breast-feed, sometimes with success. Her weight at birth was 5½ lb., which doubled after four months and trebled after eight months. On admission the baby vomited frequently and the time of taking her at the breast had to be shortened to ten minutes for each feed, when vomiting stopped. Weight, however, was put on and lost again for no obvious reason.

After some weeks of observation, signs of physical and mental retardation became more and more apparent. While the development of bodily functioning was steady though very slow, both bodily skill and social responses were subject to sudden changes and variations. For some periods the girl remained unaffected by the mother's changes of mood; on other occasions she responded very quickly by screaming. At the age of six months, when the mother tried to give her a bottle she turned her head away and refused to take it; subsequently she started to bite her own hands, and later she bit herself most violently and with visible effect. When at nine months the mother worried whether or not she should start weaning, the baby bit the breast, refused it, and smacked it with her fists. She then took food well from a spoon, at other times she refused it altogether and took only liquids. Screaming and spitting were the signs of refusal. Later, after her first birthday, the slowness of movement spread to the feeding process itself, and for long periods she seemed to fall asleep while being fed.

From eleven months onwards her reactions to her mother's changing moods became definite. Often when the mother was in an

[1] Paper read at the 16th International Psycho-Analytical Congress, Zürich, August, 1949.

[2] I wish to express my thanks for the valuable help which I received when making and checking these observations from Miss Sophie Dann, Sister in charge of the Babies' Department, Hampstead (War) Nurseries, and Miss Gertrude Dann, who was in charge of the Department for 'Junior Toddlers'.

excited state she reacted with screaming. When one year and two months old she started to rock and to stare at a point; this was very characteristic of her later behaviour.

At the age of one year and seven months she had to go through a severe crisis. She had just succeeded in saying 'mummy' (in addition to her only word 'no') when her mother's condition deteriorated to such a degree that confinement in a mental hospital was necessary. This meant separation from the daughter for about two months. Prior to this the girl had displayed head banging, which became worse at night. Sometimes the banging was accompanied by pleasure and smiles, sometimes by screaming, sometimes it was done in silence.

Shortly after mother's return from the mental hospital the girl contracted ringworm (one year, ten months). She had lately shown some signs of progressive development as well, and had started to play with other children and to chew her fingers instead of sucking them. She was moved into a hospital for special treatment.

The time in hospital must have been a very unhappy one; it lasted for nine months, including a period of quarantine for scarlet fever.

After her return from hospital (at the age of two years and seven months) she refused solid food and did not take it herself when left alone. For periods she had to be fed by force. She bit her hands and arms, which had to be kept bandaged to protect them. She cried incessantly for long periods and knocked her head quite forcefully against the wall, but two months later she did not need bandages and ate everything. Some time later she again began to bite herself still more violently without any traceable cause. There was a short period in which she liked to pinch her mother and other adults who entered the room, but eventually social withdrawal with merely negative reaction to anyone, even her mother, became the rule. She refused food, lost weight, and finally was accepted in a hospital for mental defectives under the M.D. Act. There her development took quite a favourable course—within the limits of mental defectiveness. She has ceased to bite herself except occasionally when her mother visits her.

Observations like these corroborate the claim that strong and vehement aggressive strivings operate in the child during its early years and have to be dealt with by it. But, while the intensity and forcefulness of the oral-aggressive component of the instinctual drives is fully admitted, we enter the realm of controversy when we come to discuss the possible aim and object of the self-biting and its developmental significance.

In accordance with current psycho-analytic theory self-destructiveness or aggression turned against one's own body in early childhood can be attributed to one of three possible causes:

(1) To an overwhelmingly strong, self-destructive drive which interferes with normal development. Significantly, in the case of this girl, turning her head away from the mother and biting herself did not occur before the second half of the first year, that is, until the period of preoccupation with teething and the state of oral sadism. Why, we ask, was this urge to bite, to cause pain, perhaps to destroy, turned against the child's own body and not against the mother?

This leads us to (2), to the 'primal object love' postulated by Ferenczi's school, especially by Alice Balint (1939) and Michael Balint (1937). These workers maintain that there exists from birth onwards a 'Dual Unity', a genuine object relationship not merely between mother and child (that is self-evident) but between neonate and mother as well. Breach of this 'dual unity' evokes dramatic reactions which may become paramount in later life.

The argument in the case under discussion would therefore most likely be that the manic-depressive mother was subjected to alterations of mood which were noticed by the infant, so that it turned its head away. Subsequently, the infant had given up not only the object of its love but also of its hate which it then turned against its own body.

This explanation leaves a wide gap between the phenomena observed and those which might justly be expected when there is an interruption of an object relationship in early childhood. There were no transitory reactions, no warning signs; the infant did not show unpleasure about the mother, it did not cry for her, nor show other signs of disappointment. The only distinct sign of a disturbance of the girl's object-relationship was the opposite to a longing for a satisfactory object: the need for having no contact with the mother as an object.

(3) Perhaps we have to think much more deeply, in terms of inner conflicts and of inner forces opposing each other and struggling for hegemony within ourselves.

Three sources of inner conflicts are known: a conflict can exist either (*a*) between instinctual

drives—but such 'biologic' conflict in the infant, though we can conceive it in our imagination, is difficult to substantiate at such an early age; or (*b*) within the ego, which is then subjected to an onslaught of instinctual demands tending towards conflicting goals; or (*c*) a so-called 'structural conflict', that is, one involving the three strata of the differentiated psyche. Childhood, adolescence, psychoses and above all our daily experience give testimony to the existence and acuteness of such inner conflicts. But some degree of differentiation of psychic structure—to follow Hartmann, Kris and Loewenstein (1946)—must have taken place if we are to conceive conflicting interests operating in the mind. Accordingly some psychoanalysts such as Melanie Klein (1945) will assume what the girl displayed in her self-destructive biting to be a super-ego conflict, others will assume various mechanisms of a differentiated ego (e.g. ambivalence), while a third opinion will question the appropriateness of the term 'inner conflict' in such a case.

On one point, however, we can expect agreement: that is, on the enormous complexity of mental functioning in the first year of life and its close connection with bodily functions.

The general pathology of mental defectiveness does not here concern us. But in so far as self-destructiveness does, we shall know more if we turn our attention to the more normal phenomena of infancy.

The question which is waiting to be answered is not merely: Why does a mentally defective child bite itself? but: Why do infants passing through a most active state of oral organization, and especially through that called oral sadism, usually *not* bite themselves?

To what extent do we assume that infantile aggressiveness can operate in the infant?

Concept of Oral Aggressiveness

To give the widest possible answer I propose to use the term 'aggressiveness'—meaning the result of outward deflection of aggression—in its widest sense and to include in it any form of muscular activity, real or imagined, so long as this usage will give sense and help us to solve our problem.

The infant's aggressiveness can conveniently be divided into 'oral' and 'non-oral', and the latter can be dealt with briefly. Non-oral activities in early infancy are frequently accompaniments of oral activities, and subordinated to them—and I believe them to be most likely the result of spread of excitation. To the concept of 'spread of excitation' I must add here that the path of spread is not chosen at random by the exciting force, but is concordant with the functional necessities of the body or its parts.

Oral aggressiveness in early infancy can be ascribed to three oral-organ systems, which I enumerate according to the time at which they come into operation: (1) the mouth, which *in utero* already sucks and swallows; (2) the mouth-digestive tract, which not only takes in but eliminates orally by vomiting and 'throwing-up', later by spitting; (3) the mouth-respiratory tract.

In extra-uterine life the mouth learns to hold the nipple, to suck it,[3] and sooner or later to manipulate it with the jaws. This last activity, the result of libidinal and aggressive strivings, has indiscriminately been viewed as if it were a *destructive biting activity*. I doubt the accuracy of this description. We should try to differentiate between three functions: *firstly*, an aggressive use of the jaws, by which is meant biting the breast, chewing it, cracking the nipple by actively working on it; *secondly*, a merely active grasping and holding of the nipple which is arrested between the jaws and actively prevented from being withdrawn so that the feeling of contact with the breasts will not be interrupted. *Thirdly*, there is found in some infants a hostile snapping, or closing of the jaws. This is observed in certain babies who in this way resist being forced to suck the breast, which for some reason they refuse, usually because they prefer the more easily flowing bottle. Some do not wish to be irritated by a hand pressing the head against the breast or by the nervousness of the mother which interferes with the intensive act of a satisfactory feed.

I believe that grasping the nipple with the lips, sucking the breast, using the jaws to hold on to the breast, are three degrees of contact.

This active grasping and holding the breast can, like every activity, be subject to frustration. Frustration will arouse one of two effects: either the activity will cease altogether, or more frequently frustration will heighten the active

[3] M. Balint (1945) has reminded us that 'the infant does not suck but presses out the nipple like the milkmaid milks the cow' (E. Darwin, *Zoonomia*, 1795).

striving and raise it to an attack. The aggressive attack as a consequence of frustration of a mouth-activity can be thought of as a developmental progress in the possible modes of discharging tension. At an earlier stage an outbreak of rage or a convulsive attack may have occurred where no aim-directed activity is displayed.[4]

Yet no *primary destructive aim* need be supposed to underline the very young infant's *activity* itself or its mental representation, and no need should therefore arise from turning aggression against its own body or self. Where this appears really to happen and not merely to be inferred by the anxious mother—as has been described in respect of Russian mothers by Ruth Benedict and Geoffrey Gorer—a frustration situation must have interfered with the active discharge.

Nevertheless, psycho-analytic observations during and after the teething period have proved the existence of a true oral-aggressive and sadistic stage of instinctual development. The initial instruments for its discharge are the teeth. But all the structures in the mouth may participate and function as executors of oral-sadistic strivings. No doubt exists as to the aggressive and destructive character and aim of the infant's oral attack on the mother's breast or its substitute. But in the oral-sadistic stage the breast has already become an object; it is not 'me' for the baby any more. With this differentiation of an object in the outer world, a world of 'me' and 'not me' has appeared in the infant's primitive mind.

Limitations of Oral Aggressiveness

An important feature of the infant's behaviour, a negative one, must now attract our attention. Infants in the oral-aggressive stage rarely bite themselves—even if their oral sadism should be severely frustrated. From now on some kind of self-regard must be taken into consideration, and so long as it is operative we should not expect the infant to turn its aggressiveness as such, uncontrolled and unmodified, against the self and the body. I shall not here deal with the infant's scratching itself and similar activities towards its body which in spite of their intensiveness *respect the pain barrier*.

When using the term 'self-regard' for an infant from about three to four months onwards we mean, no doubt, a psychological stage in which primary narcissism has already been modified but the world of objects has not necessarily yet taken on definite shape. The boundaries of a supposed self, to follow Paul Federn, are still on the move towards the body and its surface and by no means defined.

What psychological process can we conceive as being involved in this movement of cathexes towards the infant's own body?

Pain Barrier

It was Freud who suggested that the infant perceives the pleasurable good things as part of itself and the unpleasant bad things as not to be included in the self, as being not existent in the self. The differentiation occurs in consequence of the signals received through the sensory system, mainly through the mouth, which is the first and foremost sense organ in function. But in addition we have to think of another differentiating system in our body, that between 'pain' and 'not pain'. The infant learns when communicating with the world at large (which need not as yet be for it a world separated from its own self) that it has to regard the pain barrier. It plays its paramount rôle only after free movement sets in, but from early infancy onwards it is a very potent safeguard against the aggressive instinct turning against the infant's own body. When *reality testing* is learned the pain barrier plays its part, and when neglected leads to traumatic experiences. These will be followed by anxiety and inhibition of function, by withdrawal or arrest of discharge, by accumulation of aggression, by rage or attack—but hardly by self-destructiveness. The pain barrier will oppose it.[5]

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[4] A few years ago W. Clifford M. Scott (1946) reported two examples of changes in aggression to an external object when ambivalence to the external object had developed. The previous aggression was replaced by a state of tension or tonus followed by a convulsive or clonic state.

[5] Addendum, February, 1950: The time allowed for a paper at an International Congress does not permit more than a bird's eye presentation of a particular subject such as the 'pain barrier'. After a recent discussion with Dorothy Burlingham I feel no hesitation in saying that when looking closer the pain barrier as a psychological phenomenon widens to a broad borderland where the distinction between pain and not-pain may become very difficult. Pain, like any other sensation, is within limits subjected to ego-integration. Its relation to anxiety has definitely been established by Freud (1926).

Libidinization of the Body

The pain barrier against self-destructiveness is reinforced by a progressive libidinization of the body. The '*mouth self*' is extended to the '*body-self*'. This process begins at about the twelfth week, and I discussed its libidinal aspect on the occasion of the Amsterdam Conference of European Psycho-Analysts (W. Hoffer, 1949).

The activity of the hand carries the process of libidinization from the mouth over the parts of the body within reach and thus reinforces the stimulation exerted by the bodily care of the mother.

Perhaps we may say that the hand enlarges the 'mouth-self' to a 'body-self' and thus helps to replace for the infant the missing breasts by its own warm soft body which in increasing intensity conveys the orally rooted sensation of self. In order to maintain this achievement, we now understand, the normally disposed infant has hardly any place to turn its aggression against its own body and self, because it loves it so much.

To repeat: in deflecting the destructive instinct from the baby's own body and self, the *pain barrier* is in operation from birth; it becomes reinforced from the third month onwards by the gradual development of a *self* which regulates and spreads instinctual tensions, aggressive and erotic alike.

This double protection against self-destructiveness explains the intensity of aggressiveness turned against the outer world and the subsequent increase of narcissistic feelings if this form of mastery is successful. Infantile narcissism is a protection against self-destructiveness, though not against dangers from outside and accidents. It is well known that the infant's attraction for his mother is partly due to his heightened narcissism, with which the mother likes to identify herself.

In the mental economy of the infant this means receiving still more love, and this object-love can easily be conceived as a third protective barrier against the return of aggression in respect to the self and the body.

Only the small child is supposed to enjoy this treble protection. In a mature post-ambivalent object relationship this form of heightened narcissism ascribed to the infant is rare, and the two are perhaps incompatible. Narcissism beyond an optimum degree is a hindrance to genuine object love, and, though one may desire it, this desire does not always find fulfilment. Its place is supplied by an increase of self-love instead of love of the object.

In old age this too fades away, and one has to resort to the oldest barrier against self-destructiveness: the functioning of the pain sensations. As in infancy, sure reliance can be placed on it until it becomes itself undermined by physical or psychological pathology leading to the destruction of the body, the system for which and in which the pain barrier had functioned.

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